MediGold
Medicare made *easy*®

2023/24 MediGold Coding Guide

We understand the challenges of working with multiple payers and meeting measurements, guidelines and documentation for Medicare beneficiaries. This Coding Guide is intended to make things easier for you and your staff when working with MediGold. The guide includes assistance in understanding:

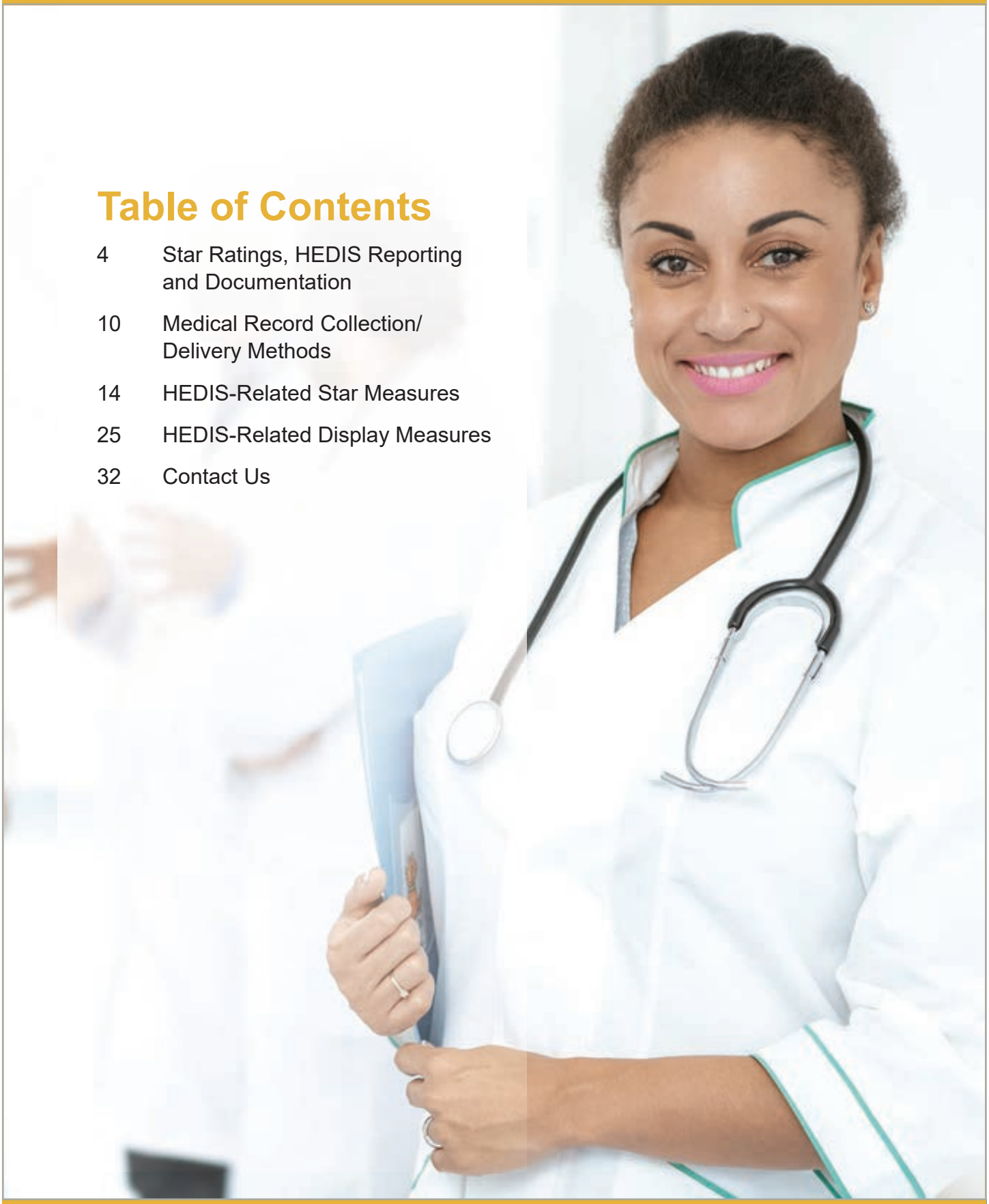
- Star Ratings and the HEDIS reporting process.
- Your role in reporting and documenting care.
- Medical record requests (MRR).
- Star measure guidance and codes.

We always welcome your feedback on how we can make this guide better.

"Thank you for partnering with MediGold to improve the health and well-being of MediGold members. We sincerely consider you our partner and recognize that we cannot succeed without the compassionate and high-quality care delivered by the providers in our network. Working together, we can have a positive impact on patient outcomes."

Greg Wise, MD, FAAFP,
Chief Medical Officer, MediGold

Table of Contents



Star Ratings, HEDIS Reporting and Documentation

What are Star Ratings?

All Medicare Advantage plans are awarded Star ratings annually by the Centers for Medicare & Medicaid Services (CMS). On a scale of one to five, a 5-Star rating is considered excellent. MediGold's overall Star rating combines rankings of quality and performance, including how well we help our members to stay healthy and manage chronic conditions. This information is gathered from HEDIS® scores, HOS and CAHPS Survey data and CMS administrative data. This guide covers the HEDIS-related Star Measures, and the needed coding and documentation for those measures, used in our HEDIS scores.

HEDIS Reporting and the Role You Play

HEDIS, the acronym for Healthcare Effectiveness Data and Information Set, is a performance measurement tool for health plans, administered by the National Committee for Quality Assurance (NCQA). HEDIS measures are a significant component of Medicare Star Ratings and the NCQA accreditation process. The coding and documentation necessary to meet measures is collected from our claims database and review of medical records. In the eyes of measurement reporting, if it isn't documented, then it didn't happen. To meet requirements, it's important to make every visit count. Useful tips include:

- Promote all patient's health and encourage an annual wellness visit before June 30 each year, when possible.
- Give patients reminder calls 48 hours before their appointments.
- Schedule follow-up visits before patients leave.
- Accurately code all claims.
- Thoroughly document all care in the patient's chart at the time service is provided, including date and provider's signature.
- Utilize MediGold's Gaps In Care report to close measures and strengthen patient relationships.

Feel free to request a gaps in care report for your office by emailing starsandhedis@mchs.com

What are CPT Category II codes?

Current Procedural Terminology (CPT) Category II codes were developed by the American Medical Association (AMA) as a supplemental performance tracking set of procedural codes in addition to the Category I and III code settings.

- Category I codes are used for tracking and billing common procedures.
- Category III codes are temporary codes for emerging technology.
- Category II codes are optional and intended to be used for measuring performance on quality metrics such as Healthcare Effectiveness Data and Information Set (HEDIS®)

Category II codes are alphanumeric and consist of four digits followed by the letter 'F'.

Category II codes are **NOT** billing codes; they are used to track services on claims for performance measurement.

Category II codes are not to be used as a substitute for Category I codes.

What is the purpose of CPT Category II codes?

Category II codes are intended to facilitate the reporting of services or test results that support quality of care performance measures. MediGold highly encourages (and even incentivizes*) clinical office staff to utilize CPT II codes.

By accurately coding you can decrease the need for manual record abstraction and chart review, minimizing the burden on physicians and office staff to report this information through other methods.

CPT Category II codes are arranged according to the following categories:

Category	Code Range	Category	Code Range
Composite measures	0001F-0015F	Therapeutic, preventive or other interventions	4000F - 4306F
Patient management	0500F - 0575F	Follow-up or other outcomes	5005F - 5100F
Patient history	1000F - 1220F	Patient safety	6005F - 6045F
Physical examination	2000F - 2050F	Structural measures	7010F - 7025F
Diagnostic/screening processes or results	3006F - 3573F		

CPT II codes allow providers to measure and display the quality of care they provide.

	MEASURE	CATEGORY II CPT CODE	INCENTIVE
EED	**Care for Patients with Diabetes-Retinal Eye Exam** *(One time per year.)*	**2022F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2023F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2024F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2025F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2026F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2033F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
HBD	**Care for Patients with Diabetes-HbA1c level less than 7.0** *(Diabetic members only.)*	**3044F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$10**
	Care for Patients with Diabetes-HbA1c level greater than 9.0 *(Diabetic members only.)*	**3046F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$10**
	Care for Patients with Diabetes-HbA1c level greater than or equal to 7.0 and less than 8.0 *(Diabetic members only.)*	**3051F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$10**
	Care for Patients with Diabetes-HbA1c level greater than or equal to 8.0 and less than 9.0 *(Diabetic members only.)*	**3052F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$10**
CBP	Controlling Blood Pressure- Systolic *(Essential Hypertensive members only.)*	**3074F** **Filed with ICD-10 Diag Code:** I10	$5
	Controlling Blood Pressure- Systolic *(Essential Hypertensive members only.)*	**3075F** **Filed with ICD-10 Diag Code:** I10	$5
	Controlling Blood Pressure- Systolic *(Essential Hypertensive members only.)*	**3077F** **Filed with ICD-10 Diag Code:** I10	$5
	Controlling Blood Pressure- Diastolic *(Essential Hypertensive members only.)*	**3078F** **Filed with ICD-10 Diag Code:** I10	$5
	Controlling Blood Pressure- Diastolic *(Essential Hypertensive members only.)*	**3079F** **Filed with ICD-10 Diag Code:** I10	$5
	Controlling Blood Pressure- Diastolic *(Essential Hypertensive members only.)*	**3080F** **Filed with ICD-10 Diag Code:** I10	$5
MRP	Medication Reconciliation Post- Discharge	**1111F**	$25

*Please note that the codes listed here, when applied correctly, will result in closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are subject to the terms and limitations of the plan.

Documentation Requirements

Correctly documenting patient encounters is critical for quality reporting and accurate reimbursement. This is key as health care reform continues to move toward quality-driven reimbursement.

- Documentation is legible.
- Ensure correct CPT, CPT II and ICD-10 codes are used.
- Blood pressure diagnosis is documented prior to June 30.
- All patient encounters, including telephone, fax and electronic message exchanges are documented.

Common HEDIS Barriers and Obstacles

- Let us know if member attribution is incorrect (patient assigned to wrong PCP.)
- Claim submitted without correct codes will not count toward the measure. This means we will be required to ask for the medical record.
- Claim submitted with inaccurate diagnosis code will incorrectly add to a measure.
- Not coding A1c or blood pressure values/results.
- Services not documented in the patient's medical chart.
- All required components of the measure not provided, e.g., diabetes diagnosis or hypertension without blood pressure reading.
- Records not transferred when patient changed PCP.
- Appointment availability when patient tries to schedule preventive services.
- Practice not seeing new patient in a timely manner.
- PCPs should include documentation received from specialists and other sources in outpatient chart i.e. eye exams, inpatient and discharge summaries, radiology, gastro, gaps summaries from health plan

Ways to improve Health Outcomes Survey and CAHPS Results

Access to care

- Ensure your patients get care quickly and efficiently by leaving open appointments on your schedule for sick/urgent needs
- Prompt patient to schedule their next routine care appointment after each visit
- If necessary, assist in the coordination of non-emergency transportation
- Provide a link to community resources to facilitate referrals
- Follow up with patients' specialist to confirm continuity of care

Educate your patients

- Ask your patients what their major health concerns are
- Communicate at a level appropriate to the education level and in preferred language of the patient
- Encourage your patients to get the annual flu vaccine
- Discuss fall prevention and tactics
- Make mental health questions part of your patient care routine
- Bring up health topics like urinary incontinence and improving and maintaining physical health

Member Rewards and Incentives – 2023

MediGold members have an opportunity to earn rewards for completing healthy activities.

Notification of personalized reward offerings will be received via mail throughout the year.

All measures are incentivized with $25 Reward:

Offered to all enrollees:

Annual Wellness Visits or In-home Assessment (SNF/homebound)

Eligibility based Reward Activities:

Breast Cancer Screening: women who complete a mammogram.

Colorectal Cancer Screening: members who receive a colorectal cancer screening (colonoscopy, ColoGuard, FOBT, sigmoidoscopy).

Diabetes Care Eye Exam: diabetics who receive a retinal eye exam performed by an eye care provider.

Diabetes Care A1c: diabetics who receive a Hemoglobin A1c (HbA1c) screening.

Medical Record Collection/Delivery Methods

Medical Record Confidentiality

MediGold strictly maintains the confidentiality of any records, which are accessed only by authorized people adhering to the following guidelines. Records are:

- Kept in a safe and secure location.
- Appropriately destroyed when they are no longer needed for the purpose requested.
- Not further disclosed or otherwise distributed.

We are not asking for nor do we want any medical record information related to psychotherapy, HIV, substance abuse or developmental disabilities.

Further, your MediGold Provider Agreement stipulates that copies of members' medical records shall be provided to MediGold, or its respective designees, for quality improvement activities, e.g., HEDIS.

If you have questions concerning this request, please contact: StarsAndHEDIS@mchs.com.

Medical Record Collection/Delivery Methods

Data collection methods include the following, as long as they meet HIPAA guidelines:

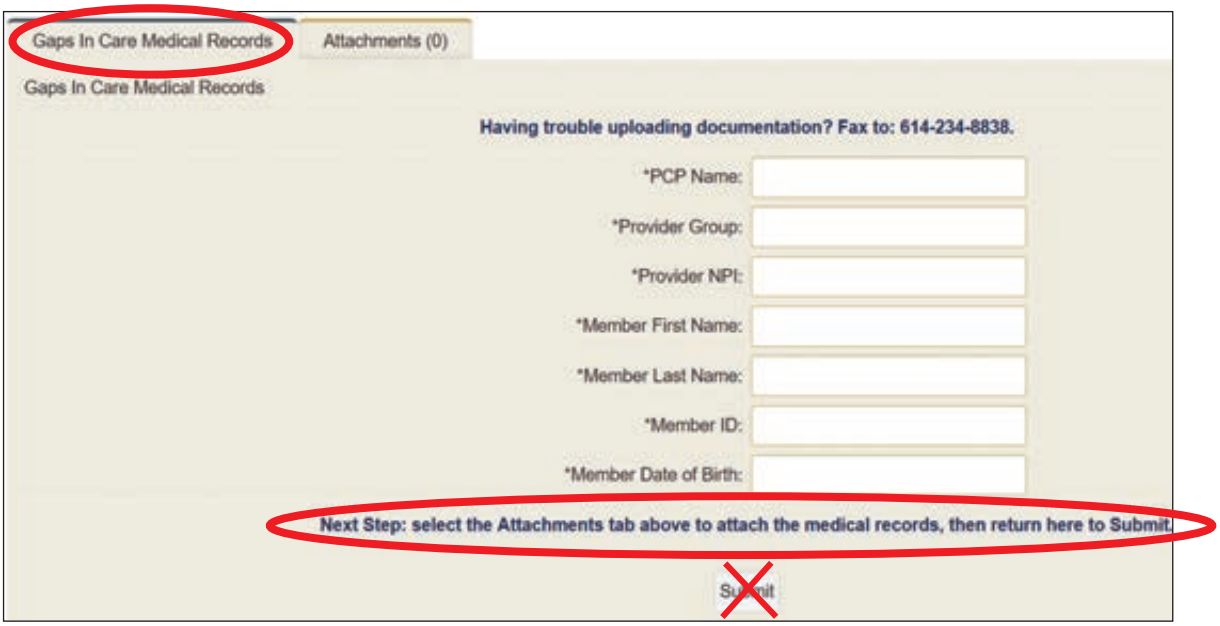
- Remote electronic medical record (EMR) system. EMR submissions, which are highly recommended, result in fewer visits and emails from MediGold.
- Fax.
- Hard copy, flash or CD delivered via postal service certified mail, or other signature-required service.
- Email encrypted to HIPAA standards.
- Schedule time with one of our coordinators to come into your office to collect a copy of the records on-site.
- Ask that one of our coordinators come by to pick up the records.

Online Submission of Medical Records for Stars and HEDIS Gaps In Care

1. Access the provider portal at: MediGold.com/For-Providers/Provider-Portal.
   (For first-time portal users, follow the easy steps at the link to set up an account and log in.
   Please reach out to Provider Services for any issues with creating an account or account access.)

2. On the portal home page, select Close Gaps In Care.

3. On the 'Gaps In Care Medical Records' page enter content in all required fields.



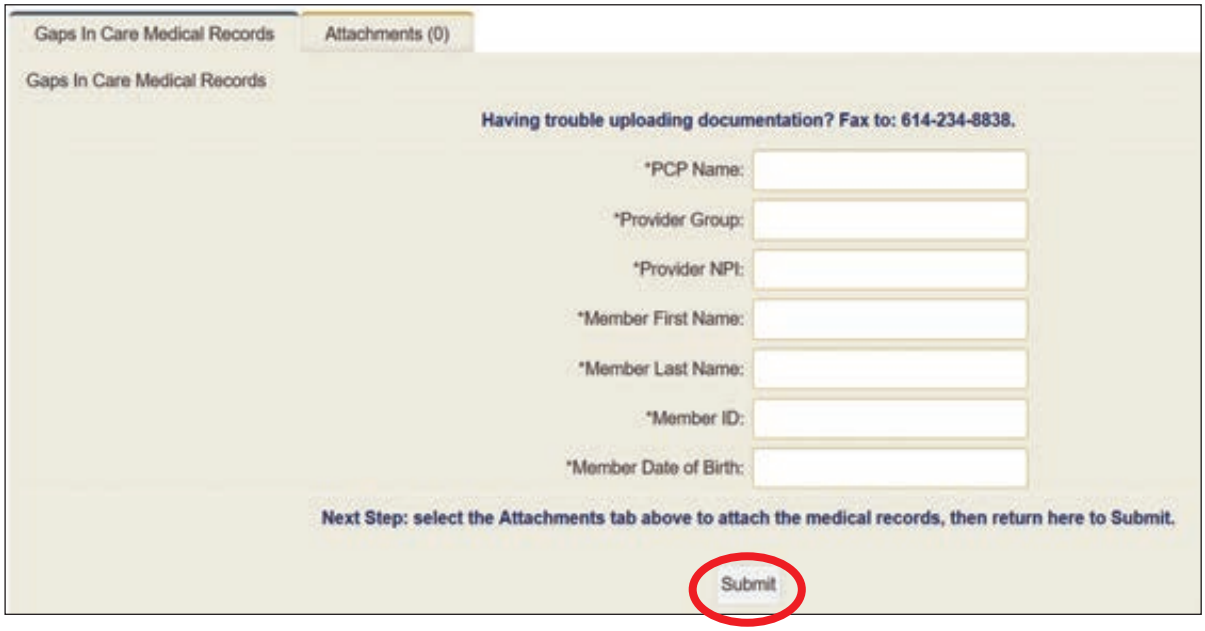
Note: do not hit the submit button at this point. Instead, select the Attachments tab above.

Online Submission of Medical Records for Stars and HEDIS Gaps In Care (continued)

4. Select browse to select the file, then select the Add button.

5. After the file(s) finish uploading it will indicate the number of attachments in the Attachments tab. Now, click the Gaps In Care Medical Records tab.

6. Select Submit.



Frequently Asked Questions

Who reviews the medical records?

MediGold uses our own professionals and/or partners with expert organizations working on our behalf. All professionals reviewing the medical records will treat your patient's protected health information (PHI) with total protection and confidentiality.

Is a review of medical records permitted by HIPAA without a signed member release?

HIPAA allows providers to disclose PHI to another covered entity without a signed release in reference to health care operations. These operations include activities such as quality assessment and improvement and health plan performance evaluations. HEDIS scores are a significant part of these activities.

When will I be asked to provide the records for HEDIS?

Records may be requested throughout the year. However, the majority of records are requested and reviewed between early February to middle May each year.

Is my participation in data collection mandatory and what am I required to do?

Yes. Network participants are contractually required to provide medical record information so we may fulfill our state and federal regulatory obligations. You and your staff are responsible for responding to MediGold's request for medical record documentation in a timely manner. You may provide the records yourself, or schedule time with one of our professionals to come into your office to collect a copy of the records on-site. If a patient included on the list is not part of your practice, you should notify us immediately.

Should I allow a record review for a patient who is no longer with MediGold or a patient who is deceased?

Yes. Medical record reviews may require data collection on the services obtained over multiple years when the patient was receiving benefits from MediGold.

Am I required to provide medical records for a patient who was seen by a provider who has retired, died or moved?

Yes. Data collection includes reviewing medical records as far back as 10 years (including before your patient was a MediGold member). Archived medical records and data may be required to complete data collection.

If you have further questions, please contact: StarsAndHEDIS@mchs.com.

Star Measures

Breast Cancer Screening (BCS)	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement year, and December 31 of the measurement year. This measure evaluates primary screening, not diagnotic screenings.
Star Weight:	1
Provider Actions:	Mammogram to screen for cancer in the time period listed in measure.
Coding:	
CPT4	77061-77063
	77065-77067
Revenue	0401
	0403
Exclusions:	Members with advanced illness and frailty. Members with a history of bilateral or two unilateral mastectomies. Members in hospice or palliative care. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Palliative care Members deceased within the measurement year.

Plan All-Cause Readmission (PCR)

Plan All-Cause Readmissions (PCR)	Those with an acute inpatient stay during the measurement year that were followed-up by an unplanned acute readmission for any diagnosis within 30-days and the predicted probability of an acute readmission.
Star Weight:	3
Provider Action:	Outreach to your patient and see them within 7 days of discharge. Reconcile current and discharge medications, when applicable. If medications are prescribed, provide education to the patient, including side effects, importance of adherence, etc.
Exclusions:	None

Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)	**The percentage of emergency department visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit. Chronic conditions include: COPD and Asthma, Alzheimer's disease and related disorders, Chronic Kidney disease, Depression, Heart Failure, MI, A-FIB, TIA and or Strokes**
Weight:	1
Provider Action:	Perform follow-up visit within 7 days of members (with chronic conditions) ED visit.
Qualifying Follow-Up Encounters:	• Outpatient, telephone or telehealth visits • E-visit or virtual check-in • Transitional care management services • Case management visit • Complex care management service • Outpatient or telehealth behavioral health visit • Intensive outpatient encounter or partial hospitalization • Community mental health center visit • Electroconvulsive therapy • Observation visit • IET stand-alone visit • Behavior Health (BH) outpatient services • Substance use disorder services
Exclusions:	Members in hospice, ED visits resulting in an inpatient stay. Members deceased within the measurement year.

Colorectal Cancer Screening (COL)

Colorectal Cancer Screening (COL)	Percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.
Star Weight:	1
Provider Actions:	Annual **gFOBT** or **FIT** during the measurement year.
	Flexible **sigmoidoscopy** during the measurement year or the four years prior to the measurement year.
	FIT-DNA every three years
	Colonoscopy during the measurement year or the nine years prior to the measurement year.
	CT Colonography during the measurement year or the four years prior.
Coding:	
LOINC	**Noninvasive colorectal cancer DNA and occult blood screening** [Interpretation] in Stool Narrative – 77353-1
	Noninvasive colorectal cancer DNA and occult blood screening [Presence] in Stool – 77354-9
CPT 4	**FOBT** – 82270, 82274
	Flexible Sigmoidoscopy – 45330-45335, 45337-45342, 45345-45347, 45349, 45350
	FIT-DNA - 81528
	Colonoscopy – 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
	CT Colonoscopy – 74261-74263
HCPCS	**FOBT** – G0328
	Flexible Sigmoidoscopy – G0104 **Colonoscopy** - 45.23
	Colonoscopy – G0105, G0121
SNOMED CT US Edition	**Stool DNA-based colorectal cancer screening positive** (finding) –708699002
	Fecal occult blood trace finding - 389076003
ICD-9-CM Procedures	**Flexible Sigmoidoscopy** – 45.24 **Colonoscopy** - 45.23
Exclusions:	Palliative Care members Members with advanced illness and frailty. Members with a diagnosis of colorectal cancer or total colectomy are excluded. Members in hospice. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement year.

Controlling Blood Pressure (CBP)

Controlling Blood Pressure (CBP)	Percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	
Star Weight:	3	
Provider Actions:	The most recent BP reading during the measurement year on or after the second diagnosis of hypertension	
Coding		
CPT 2	Systolic BP <130 mmHg.	3074F
	Systolic BP 130-139 mmHg.	3075F
	Systolic BP ≥140 mmHg.	3077F
	Diastolic BP <80 mmHg.	3078F
	Diastolic BP 80-89 mmHg.	3079F
	Diastolic BP ≥90 mmHg.	3080F
LOINC	Diastolic blood pressure--sitting	8453-3
	Diastolic blood pressure--standing	8454-1
	Diastolic blood pressure--supine	8455-8
	Diastolic blood pressure	8462-4
	Systolic blood pressure--sitting	8459-0
	Systolic blood pressure--standing	8460-8
	Systolic blood pressure--supine	8461-6
	Systolic blood pressure	8480-6
Exclusions:	Palliative Care Members with advanced illness and frailty. Members in hospice. Members with evidence of End-stage Renal Disease (ESRD) or kidney transplant on or prior to December 31 of the measurement year. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement year."	

*If more than one BP reading is collected on the same date record lowest systolic and lowest diastolic readings.

Transitions of Care (TRC)

Transitions of Care (TRC)	Percentage of discharges for members 18 and older who had each of the following. Four rates are reported:
Weight:	1

Provider Action:	• **Notification of Inpatient Admission.** Documentation of receipt of notification of inpatient admission *on the day of admission* or on the day of admission *through 2 days after the admission (3 total days)*.
	• **Receipt of Discharge Information.** Documentation of receipt of discharge *information on the day of discharge through 2 days after the discharge (3 total days)*.
	• At a minimum, the discharge information must include all of the following:
	  • The practitioner responsible for the member's care during the inpatient stay.
	  • Procedures or treatment provided.
	  • Diagnoses at discharge.
	  • Current medication list.
	  • Testing results, or documentation of pending tests or no test pending.
	  • Instructions for patient care post-discharge
	• **Patient Engagement After Inpatient Discharge.** Documentation of patient engagement provided within 30 days after discharge.
	• **Medication Reconciliation Post-Discharge.** Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Coding:	
CPT 2	1111F
CPT 4	99495
	99496
Exclusions:	Members deceased within the measurement year. Members in hospice

Medication Reconciliation Post Discharge (MRP)

Medication Reconciliation Post Discharge (MRP)	Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse, as documented through either administrative data or medical record review on the date of discharge through 30 days after discharge (31 total days).
Weight:	1
Provider Action:	Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).
Coding:	
CPT 2	1111F
Exclusions:	Members deceased within the measurement year. Members in hospice.

Care for Patients with Diabetes

Hemoglobin A1c for Patients with Diabetes (HBD)	The percentage of members 18-75 years of age with diabetes (Type 1 or Type 2) who had the following documented: • HbA1c control (<9.0%) or • HbA1c poor control (> or = 9%)	
Provider Actions	The most recent HbA1c reading during the measurement year.	
Star Weight:	3	
Provider Actions:	Annual documentation of most recent date and result of HbA1c.	
Coding:		
CPT 2	Level <7.0%	3044F
	Level >9.0%	3046F
	Level >7.0<8.0%	3051F
	Level > 8.0%<9.0%	3052F
CPT4	83036-83037	
Exclusions:	Members with advanced illness and frailty for all CDC measures. Member in hospice or palliative care. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement year.	
Eye Exam for Patients with Diabetes (EED)	**The percentage of members 18-75 with diabetes (types 1 and 2) who had a retinal eye exam**	
Retinal Eye Exam:		
Star Weight:	1	
Provider Actions:	Annual documentation of most recent retinal or dilated eye exam or documentation of a negative retinal or dilated eye exam in prior year or chart/photograph of retinal abnormalities indicating date when the fundus photography was performed and evidence it was reviewed by an eye care professional (optometrist or ophthalmologist) in current year.	
Coding:		
CPT 2	Diabetic Retinal Screening with Eye Care Professional:	2022F, 2024F, 2026F
	Negative Indicators for Diabetic Retinopathy	2023F, 2025F
	Diabetic Retinal Screening Negative:	2033F
Exclusions:	Member in hospice or palliative care. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement year.	

Osteoporosis Management in Women Who Had a Fracture (OMW)

Osteoporosis Management in Women Who Had a Fracture (OMW)	**The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture. Note: Fractures of finger, face and skull are not included in this measure.**	
Star Weight:	1	
Provider Action:	Perform Bone Mineral Density (BMD) test or prescribe medication therapy to treat osteoporosis within 6 months of a fracture. Allowable every 24 months.	
Coding:		
CPT4	Bone Mineral Density Test: 76977, 77078, 77080 – 77082, 77085 - 77086	
HCPCS	Injection, Denosumab, 1 mg	J0897
	Injection, Ibandronate sodium, 1 mg	J1740
	Injection, Teriparatide, 10 mg	J3110
	Injection, Zoledronic acid ,1 mg	J3489
	Injection, Zoledronic acid, not otherwise classified, 1 mg	Q2051
ICD10PCS	Ultrasonography of Right Shoulder, Densitometry	BP48ZZ1
	Ultrasonography of Left Shoulder, Densitometry	BP49ZZ1
	Ultrasonography of Right Elbow, Densitometry	BP4GZZ1
	Ultrasonography of Left Elbow, Densitometry	BP4HZZ1
	Ultrasonography of Right Wrist, Densitometry	BP4LZZ1
	Ultrasonography of Left Wrist, Densitometry	BP4MZZ1
	Ultrasonography of Right Hand, Densitometry	BP4NZZ1
	Ultrasonography of Left Hand, Densitometry	BP4PZZ1
	Plain Radiography of Right Hip, Densitometry	BQ00ZZ1
	Plain Radiography of Left Hip, Densitometry	BQ01ZZ1
	Plain Radiography of Right Femur, Densitometry	BQ03ZZ1
	Plain Radiography of Left Femur, Densitometry	BQ04ZZ1
	Plain Radiography of Cervical Spine, Densitometry	BR00ZZ1
	Plain Radiography of Thoracic Spine, Densitometry	BR07ZZ1
	Plain Radiography of Lumbar Spine, Densitometry	BR09ZZ1
	Plain Radiography of Whole Spine, Densitometry	BR0GZZ1
Medications	Notation of the following prescribed medications listed below:	

Description	Prescription	
Bisphosphonates	• Alendronate • Alendronate-cholecalciferol • Ibandronate	• Risedronate • Zoledronic acid
Other agents	• Abaloparatide • Denosumab • Raloxifene	• Romosozumab • Teriparatide

Exclusions:	Members with advanced illness and frailty. Members who had a Bone Mineral Density Test during the 730 days (24 months) prior to the Index Episode Start Date (IESD). Members who had a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to the IESD. Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the IESD. Member in hospice or palliative care. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Hospice and palliative care Members deceased within the measurement year.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

<table>
<tr><th>Statin Therapy for Patients with Cardiovascular Disease (SPC)</th><th>The percentage of males 21-75 years of age and females 40-75 years of age with clinical atherosclerotic cardiovascular disease (ASCVD) who receive a high or moderate-intensity statin medication during the measurement year.</th></tr>
<tr><td>Star Weight:</td><td>1</td></tr>
<tr><td>Provider Action:</td><td>Encourage the member to adhere at least 80% or more to their statin medication. Prescribe at least one high-intensity or moderate-intensity statin medication during the measurement year:
<table>
<tr><th>Description</th><th>Prescription</th></tr>
<tr><td rowspan="5">High-intensity statin therapy</td><td>• Atorvastatin 40-80 mg</td></tr>
<tr><td>• Amlodipine-atorvastatin 40-80 mg</td></tr>
<tr><td>• Rosuvastatin 20-40 mg</td></tr>
<tr><td>• Simvastatin 80 mg</td></tr>
<tr><td>• Ezetimibe-simvastatin 80 mg</td></tr>
<tr><td rowspan="8">Moderate-intensity statin therapy</td><td>• Atorvastatin 10-20 mg</td></tr>
<tr><td>• Amlodipine-atorvastatin 10-20 mg</td></tr>
<tr><td>• Rosuvastatin 5-10 mg</td></tr>
<tr><td>• Simvastatin 20-40 mg</td></tr>
<tr><td>• Ezetimibe-simvastatin 20-40 mg</td></tr>
<tr><td>• Pravastatin 40-80 mg</td></tr>
<tr><td>• Lovastatin 40 mg</td></tr>
<tr><td>• Fluvastatin 40-80 mg</td></tr>
<tr><td>• Pitavastatin 1-4 mg</td></tr>
</table></td></tr>
<tr><td>Exclusions (When appropriate diagnosis code on claim):</td><td>Members with advanced illness and frailty.
Member diagnosed with Muscular Pain and Disease to include Myalgia, Myopathy, Rhabdomyolysis and End-stage Renal Disease (ESRD).
Members dispensed with at least one prescription for clomiphene (Estrogen Agonist) during the measurement year or the year prior to the measurement year.
Members diagnosed with Cirrhosis during the measurement year or the year prior to the measurement year.
Member in hospice or palliative care.
Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).
Palliative care.
Members deceased during the measurement year.</td></tr>
</table>

Part D Measures

Medication Adherence - Cholesterol	The percentage of Medicare Part D beneficiaries, 18 years or older, who had at least two fills of medication(s) on unique dates of services (DOS) and were 80% or more adherent to their statin medication
Star Weight:	3
Provider Action:	Always prescribe 90 days when possible. Encourage patients to adhere to their prescribed statin medication at 80% or more throughout the year for the following medications.

Table STATINS: Statins[a]

Statin Medications and Combinations	
atorvastatin (+/- amlodipine, ezetimibe)	pravastatin
fluvastatin	rosuvastatin (+/- ezetimibe)
lovastatin (+/- niacin)	simvastatin (+/-ezetimibe, niacin)
pitavastatin	

a Active ingredients are limited to oral formulations only.

Exclusions:	Members enrolled in hospice any time during the measurement period

Medication Adherence – Diabetes	The percentage of Medicare Part D beneficiaries, 18 years or older, who had at least two fills of medication(s) on unique dates of services (DOS) and were 80% or more to their diabetes medications.
Star Weight:	3
Provider Action:	Always prescribe 90 days when possible. Encourage patients to adhere to their prescribed drug therapy 80% or more throughout the year for the following medications: Biguanides, Sulfonylureas, Thiazolidinediones, DPP-IV inhibitors, Incretin Mimetics, Meglitinides, and SGLT2 inhibitors:
Exclusions:	Beneficiaries who have one or more of the following prescriptions for insulin in the measurement period listed below.

Table BG: Biguanides[a,b]

Biguanide Medications and Combinations
metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)

a Active ingredients are limited to oral formulations only.

b Excludes nutritional supplement/dietary management combination products.

Table SFU: Sulfonylureas[a]

Sulfonylurea Medications and Combinations		
chlorpropamide	glipizide (+/- metformin)	tolazamide
glimepiride (+/- pioglitazone, rosiglitazone)	glyburide (+/- metformin)	tolbutamide

a Active ingredients are limited to oral formulations only.

Table TZD: Thiazolidinediones[a]

Thiazolidinedione Medications and Combinations	
pioglitazone (+/- alogliptin, glimepiride, metformin)	rosiglitazone (+/- glimepiride, metformin)

a Active ingredients are limited to oral formulations only.

Table DPP4: DPP-4 Inhibitors[a]

DPP-4 Medications and Combinations		
alogliptin (+/- metformin, pioglitazone)	saxagliptin (+/- metformin, dapagliflozin)	sitagliptin (+/- metformin, ertugliflozin)
linagliptin (+/- empagliflozin, metformin)		

a Active ingredients are limited to oral formulations only.

Table GLP1: GLP-1 Receptor Agonists[a]

GLP-1 Receptor Agonists		
albiglutide	exenatide	lixisenatide
dulaglutide	liraglutide	semaglutide

a Excludes products indicated for weight loss.

Table MEG: Meglitinides[a]

Meglinitides and Combinations		
nateglinide	repaglinide (+/--metformin)	

a Active ingredients are limited to oral formulations only.

Table SGLT2: SGLT2 Inhibitors[a]

SGLT2 Inhibitors and Combinations		
canagliflozin (+/-- metformin)	empagliflozin (+/- metformin, linagliptin)	ertugliflozin (+/- sitagliptin, metformin)
dapagliflozin (+/- metformin, saxagliptin)		

a Active ingredients are limited to oral formulations only.

Table INSULINS: Insulin Exclusion[a]

Insulins		
insulin aspart (+/- insulin aspart protamine, niacinamide)	insulin glargine-aglr	insulin isophane (+/- regular insulin)
insulin degludec (+/- liraglutide)	insulin glargine-yfgn	insulin lispro (+/- insulin lispro protamine)
insulin detemir	insulin glulisine	insulin regular (including inhalation powder)
insulin glargine (+/- lixisenatide)		

a Active ingredients are limited to inhaled and injectable formulations only.

Beneficiaries enrolled in hospice any time during the measurement period. Beneficiaries that have ESRD

Medication Adherence - Hypertension-RAS Antagonists	*The percentage of Medicare Part D beneficiaries, 18 years or older, who had at least two fills of medication(s) on unique dates of services (DOS) and were 80% or more to a RAS antagonist*
Star Weight	3
Provider Action:	Always prescribe 90 days when possible. Encourage patients to adhere to their prescribed ACE inhibitors, ARBs, or Direct Renin Inhibitors 80% or more throughout the year.

Table RASA: Renin Angiotensin System (RAS) Antagonists[a,b]

Direct Renin Inhibitor Medications and Combinations	
aliskiren (+/- hydrochlorothiazide)	
ARB Medications and Combinations	
azilsartan (+/- chlorthalidone)	irbesartan (+/- hydrochlorothiazide)
candesartan (+/- hydrochlorothiazide)	losartan (+/- hydrochlorothiazide)
eprosartan (+/- hydrochlorothiazide)	olmesartan (+/- amlodipine, hydrochlorothiazide)
telmisartan (+/- amlopdipine, hydrochlorothiazide)	valsartan (+/- amlodipine, hydrochlorothiazide nebivolol)
ACE Inhibitor Medications and Combination Products	
benazepril (+/- amlodipine, hydrochlorothiazide)	lisinopril (+/- hydrochlorothiazide)
captopril (+/- hydrochlorothiazide)	moexipril (+/- hydrochlorothiazide)
enalapril (+/- hydrochlorothiazide)	perindopril (+/- amlodipine)
fosinopril (+/- hydrochlorothiazide)	quinapril (+/- hydrochlorothiazide)
ramipril	trandolapril (+/- verapamil)

a Active ingredients are limited to oral formulations only.

b Excludes nutritional supplement/dietary management combination

Exclusions:	Beneficiaries that received one of more prescription claims for Sacubitril/Valsartan.

Table SAC-VAL: Sacubitril/Valsartan Exclusion

ARB/Neprilysin Inhibitor Combination Medication
sacubitril/valsartan

Beneficiaries enrolled in hospice any time during the measurement period
Beneficiaries that have ESRD

Statin Therapy for Patients with Diabetes (SUPD)	The percentage of Medicare Part D beneficiaries, ages 40-75 years, dispensed at least two diabetes medication fills who received a statin medication fill.
Star Weight:	1
Provider Action:	**Table DIABETES: Diabetes Medications**[a,b,c,d]

Biguanide Medications and Combinations		
metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitzone, repaglinide, rosiglitazone, saxagliptin,		
Sulfonylureas Medications and Combinations		
chlorpropamide*	glimepiride (+/- pioglitazone, rosiglitazone)	tolazamide
glipizide (+/- metformin)	glyburide (+/- metformin)	tolbutamide
Meglitinide Medications and Combinations		
nateglinide	repaglinide (+/- metformin)	
Alpha- Glucosidase Inhibitors		
acarbose	miglitol	
Thiazolidinedione Medications and Combinations		
pioglitazone (+/- alogliptin, glimperide, metformin)	rosiglitazone (+/- glimepiride, metformin)*	
GIP/GLP-1 Receptor Agonist Medications and Combinations		
albiglutide	exenatide	lixisenatide (+/- insulin glargine)
dulaglutide	liraglutide (+/- insulin degludec)	semaglutide
		tirzepatide
Amylin Analogs		
pramlintide		
DPP-4 Inhibitor Medications and Combinations		
alogliptin (+/- metformin, pioglitazone)	saxagliptin (+/-dapagliflozin, metformin)	sitagliptin (+/- metformin, ertugliflozin)
linagliptin (+/- empagliflozin, metformin)		
Insulin Medications and Combinations		
insulin aspart (+/- insulin aspart protamine, nacinamide)	insulin glargine (+/- lixisenatide)	insulin isophane (+/- regular insuline)
insulin degludec (+/- liraglutide)	insulin glargine-yfg	insulin lispro (+/- insulin lispro protamine)
insulin detemir	inninsulin glulisine	insulin regular (including inhalation powder)
SGLT2 Inhibitor Medications and Combinations		

Exclusions:	**Beneficiaries enrolled in hospice any time during the measurement period.** **Beneficiaries that have:** • ESRD (I12.0,I13.11,I13.2,N18.5,N18.6,N19,Z91.15,Z99.2) • Rhabdomylosis and Myopathy (Z39.1,K70.30,K70.31,K71.7,K74.3-K74.5, K74.60,K74.69) • Cirrhosis (Z39.1,K70.30,K70.31,K71.7,K74.3-K74.5, K74.60,K74.69) • Pre-Diabetes (R73.03,R73.09)

a Active ingredients are limited to oral, inhalation and injectable formulations only.

b Excludes nutritional supplement/dietary management combination products, and specific products FDA indicated for weight loss.

c Combination products including dapagliflozin or empagliflozin (and another diabetes medication from the table) are included.

d Dapagliflozin and empagliflozin single ingredient products are not included do to FDA-approved non-diabetes indiciations.

Display Measures

Newly Introduced Measures

Below are newly introduced measures (first introduced in MY2020). HEDIS measures are evaluated yearly. Measures may be updated, changed, or recommended for retirement.

Cardiac Rehabilitation (CRE)

Cardiac Rehabilitation (CRE)	**The percentage of members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/ replacement. Four rates are reported: Initiation, Engagement 1, Engagement 2, and Achievement.**
Weight:	Display
Provider Action:	Members with a qualifying cardiac event must attend cardiac rehabilitation.
Reported Rates	**Initiation:** The percentage of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event. **Engagement 1:** The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event. **Engagement 2:** The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event. **Achievement:** The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
Coding:	
CPT	93797, 93798
HCPCS	G0422, G0423, S9472
Exclusions:	Members in hospice. Members receiving palliative care during intake period to exclusions for CRE Members with advanced illness and frailty. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement year.

Kidney Health Evaluation for Patients With Diabetes (KED)

Kidney Health Evaluation for Patients With Diabetes (KED)	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumincreatinine ratio (uACR), during the measurement year.
Weight:	Display
Provider Action:	Members with a qualifying cardiac event must attend cardiac rehabilitation.
Reported Rates	Two elements are required during the measurement year on same or different dates of service: 1. At least one estimated Glomular Filtration Rate (eGFR) lab test. 2. At least one uACR identified by both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart.
Coding:	
CPT - eGFR Lab Test	80047, 80048, 80050, 80053, 80069, 82565
CPT - Quantitative Urine Albumin lab test	82043
CPT - Urine creatinine lab test	82570
Exclusions:	Members who do not have a diagnosis of diabetes. Members in hospice. Members with advanced illness and frailty. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members receiving palliative care during the measurement year.

Advanced Illness and Frailty

Patients with an advanced illness diagnosis or limited life expectancy may not benefit from recommended services required to meet certain quality measures. Unnecessary tests and treatments may be burdensome or even harmful to these patients. To account for this the National Committee for Quality Assurance (NCQA) updated their specifications to allow exclusions for advanced illness and frailty.

To qualify, patients must have at least one of the following in the measurement year or year prior:

- Two outpatient claims on different dates of service with an advanced illness code
- One inpatient claim with an advanced illness code
- One filled prescription for a dementia medication

AND

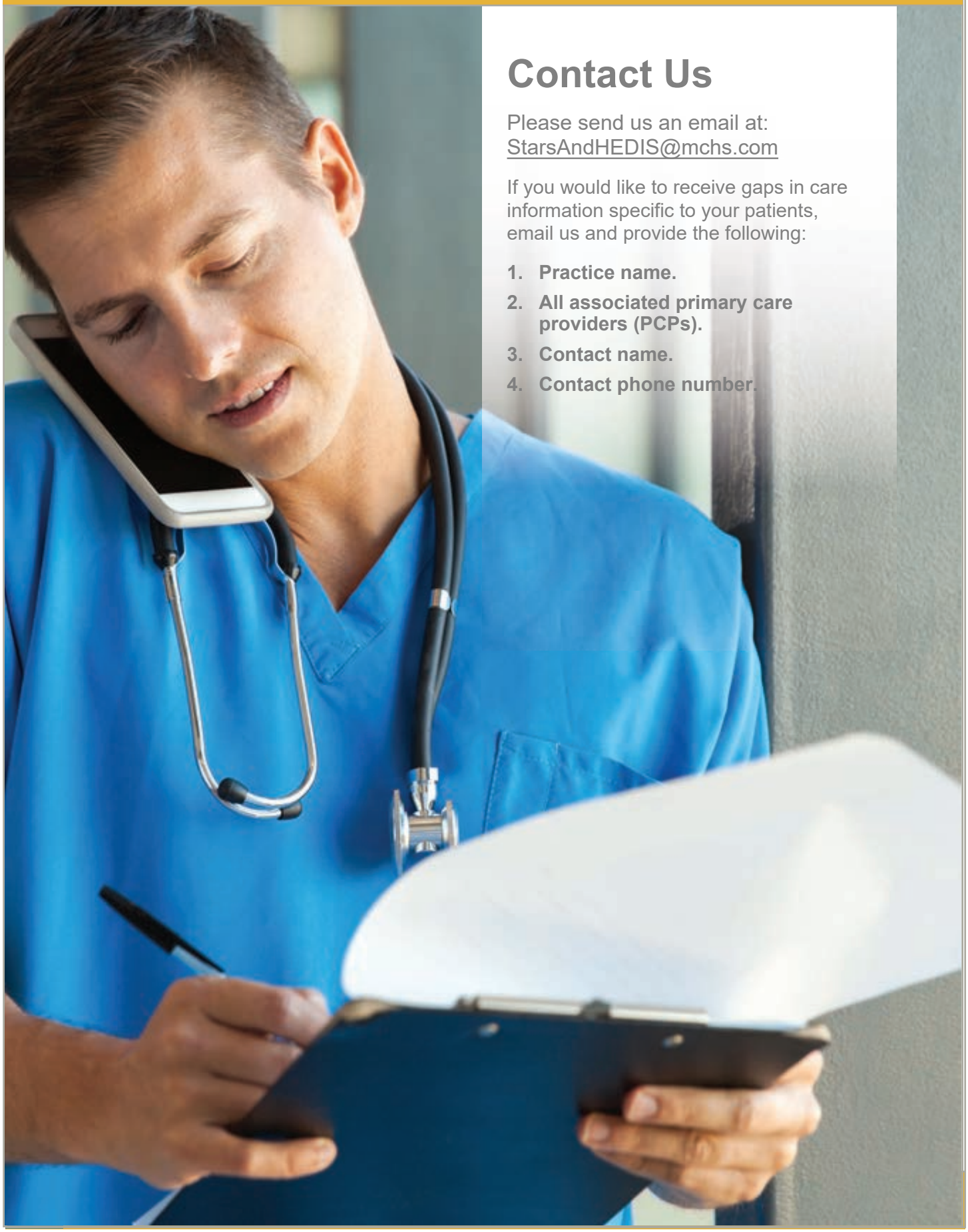
- At least one claim with a frailty diagnosis or treatment claim in the measurement year.

Exclusions can be applied to the following Star Measures:

Breast Cancer Screening (BCS)
Colorectal Cancer Screening (COL)
Care for Patients with Diabetes (HBD, EED)
Controlling Blood Pressure (CBP)*
Osteoporosis Management in Women with a Fracture (OMW)*
Statin Therapy for Patients with Cardiovascular Disease (SPC)*

*Patients age 81 and older can be excluded with a frailty diagnosis or treatment alone.

For a complete listing of advanced illness and frailty codes please visit MediGold.com.



Contact Us

Please send us an email at:
StarsAndHEDIS@mchs.com

If you would like to receive gaps in care information specific to your patients, email us and provide the following:

1. **Practice name.**
2. **All associated primary care providers (PCPs).**
3. **Contact name.**
4. **Contact phone number.**

Notes:

Notes:

MediGold

Medicare made *easy*®