

MEDICARE MEASURES (≥65 YEARS OLD)	GUIDELINE	HEDIS COMPLIANT CPT/ICD9 CODES DOCUMENTATION TIPS
<b>Well Care</b>		
<b>Access to Ambulatory Care</b>	Ensure an annual preventive or other ambulatory care visit.	<u>Visit</u> : <b>ICD-9</b> : V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 <b>CPT</b> : 99201-99205, 99211-99215, 99241-99245; 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429
<b>Adult Body Mass Index</b>	Screen for obesity by documenting a BMI value at least every two years. Weight must be documented in the medical record	<u>BMI</u> : <b>ICD-9</b> : V85.0-V85.5; <b>HCPCS</b> : G0402
<b>Advising Smokers to Quit</b>	Document smoking cessation advice for smokers at least annually, including: Discussion of cessation medications Discussion of cessation strategies	Reported through CAHPS Health Plan survey
<b>Breast Cancer Screening</b>	Ensure that women 40-69 years old receive a mammogram every 2 years.	<u>Mammogram</u> : <b>ICD-9 Proc</b> : 87.36, 87.37; <b>CPT</b> : 77055-77057; <b>HCPCS</b> : G0202, G0204, G0206
<b>Care of Older Adult</b>	Document the following 4 indicators of care annually for patients 66 years and older: 1. <u>Pain Screening</u> : use pain inventory, faces pain scale, number scale 2. <u>Advance Care Planning</u> : AD or Living Will form with any date <i>or</i> a discussion of same annually 3. <u>Functional Status Assessment</u> : all ADLs or IADLs must be addressed by tool or in note (e.g., "full ADLs") 4. <u>Medication Review</u> : List and review of current medications annually	<u>Pain Screening</u> : <b>CPTII*</b> : 1125F, 1126F, 0521F <u>Advanced Care Planning</u> : <b>CPTII*</b> : 1157F, 1158F; <b>HCPCS</b> : S0257 <u>Functional Status Assessment</u> : <b>CPTII*</b> : 1170F <u>Medication Review</u> : <b>CPT</b> : 90862, 99605, 99606; <b>CPTII*</b> : 1160F (Use 1159F to identify medication list);

<b>Colorectal Cancer Screening</b>	Screen adults 50-75 yrs old using one of three methods: 1. Fecal occult blood test (FOBT) <b>annually</b> 2. Flexible Sigmoidoscopy <b>every 5 years</b> 3. Colonoscopy <b>every 10 years</b> ( <i>preferred screening</i> )	<u>FOBT</u> : <b>CPT</b> : 82270, 82274; <b>HCPCS</b> : G0328  <u>Flex Sig</u> : <b>ICD-9 Proc</b> : 45.24; <b>CPT</b> : 45330-45335; 45337-45342, 45345; <b>HCPCS</b> : G0104;  <u>Colonoscopy</u> : <b>ICD-9 Proc</b> : 45.22, 45.23;45.25, 45.42, 45.43; <b>CPT</b> : 44388-44394, 44397, 45355, 45378-45387; <b>HCPCS</b> : G0105, G0121
<b>Fall Risk Management</b>	Discuss and document falls risk and prevention annually for patient 65-74 years of age	Reported through member health outcomes survey.
<b>Flu Shots for Older Adults</b>	Vaccinate adults 50-64 yrs old for influenza annually.	Reported through CAHPS Health Plan survey.
<b>Glaucoma Screening</b>	Ensure a screening eye exam for patients 67 years and older by an eye care professional at least every 2 years.	<u>Glaucoma Screen</u> : <b>HCPCS</b> : G0117, G0118, S0620, S0621 <b>CPT</b> : 92002, 92004, 92012, 92014, 92100, 92120, 92130, 92081-92083, 92140,99202-99205, 99213-99215, 99242-99245
<b>Osteoporosis Testing in Older Women</b>	Document bone density test in adult women 65 years of age and older at least once.	Reported through member Medicare Health Outcomes Survey (HOS)
<b>Physical Activity in Older Adults</b>	Document discussion of physical activity and advice to start, increase, or maintain level of exercise at least annually for patients 65 years and older	Reported through member Medicare Health Outcomes Survey (HOS)
<b>Pneumonia Vaccination</b>	Vaccinate for pneumonia once.	Reported through CAHPS Health Plan survey.
<b>Chronic Care</b>		
<b>Cholesterol Management for Patients with Cardiovascular Conditions</b>	Perform LDL-C screening at least annually: control goal <100mg/dL For patients 18-75 with: 1. AMI, CABG or PCTA at hospital discharge 2. Ischemic vascular disease (IVD) diagnosis in ambulatory setting	<u>LDL-C</u> : <b>CPT</b> : 80061, 83700, 83701, 83704,83721; <b>CPT II</b> *: 3048F, 3049F, 3050F <u>IVD</u> : <b>ICD9</b> : 411, 413, 414.0, 414.2, 414.8-414.9, 429.2, 433-434, 440.1-440.2, 440.4, 444-445 <b>If LDL-C is &lt;100mg/dl, code 3048F</b> <b>If LDL-C is ≥100mg/dl, code 3049F or 3050F</b>
<b>Comprehensive Diabetes Care</b>	For patients 18-65: 1. Perform Hb A1c at least annually: control goal <8.0% 2. Perform LDL-C at least annually: control goal < 100mg/dL 3. Ensure a retinal exam by an eye care specialist annually	<u>HbA1c</u> : <b>CPT</b> : 83036, 83037; <b>CPTII</b> *: 3044F, 3045F, 3046F  <u>LDL-C</u> : <b>CPT</b> : 80061, 83700, 83701, 83704, 83721; <b>CPT II</b> *: 3048F, 3049F, 3050F  <u>Eye Exam</u> : <b>CPT</b> : 99203-99205, 99213-99215, 99242- 99245 <b>There is no code for a DRE; E&amp;M codes are accepted as proxy, but only at the higher intensity of service codes (e.g.,</b>

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	<p>4. Perform nephropathy screening annually: microalbumin test or ACE/ARB prescription</p> <p>5. Ensure blood pressure control: control goal &lt;140/80 mm Hg</p>	<p><b>99211 and 99212 are not acceptable, whereas 99213-99215 are HEDIS-compliant)</b></p> <p><u>Nephropathy Screen:</u> CPT: 82042, 82043, 82044, 84156; CPT II*: 3060F-3061F</p> <p><u>Blood Pressure:</u> CPT II*: Systolic 3074F, 3075F, 3077F; Diastolic 3078F, 3079F, 3080F</p> <p><b>Systolic must be <u>lower than 140</u> and diastolic must be <u>lower than 80</u> to be compliant</b></p>
<b>Controlling High Blood Pressure</b>	Ensure blood pressure control for patients 18-75: control goal <140/90 mm Hg	<p>This is a 100% medical record review measure.</p> <p><u>Hypertension:</u> ICD9: 401</p> <p><b>Using this code ensures inclusion in sample; be careful with rule out diagnoses.</b></p> <p><b>Systolic must be <u>lower than 140</u> and diastolic must be <u>lower than 90</u> to be compliant.</b></p>
<b>Follow-up to Hospitalization for Mental Illness</b>	Ensure an outpatient visit follow-up by a mental health practitioner for patients 6 years and older within 7 days or 30 days of hospital discharge.	<p>Visit must be with a mental health practitioner.</p> <p><b>Beacon Health Strategies is Affinity's behavioral health provider network. Contact them at 1-800-974-6831.</b></p>
<b>Management of Urinary Incontinence in Older Adults</b>	Document discussion with patients 65 years and older about reported urine leakage problems and treatment	Reported through member Medicare Health Outcomes Survey (HOS)
<b>Osteoporosis Management in Women who had a Fracture</b>	<p>Following a fracture in patients 67 years and older, perform one of the following:</p> <ol style="list-style-type: none"> <li>1. Bone Mineral Density test on the event day or within 180 days</li> </ol> <p style="text-align: center;"><i>or</i></p> <ol style="list-style-type: none"> <li>2. Bone Mineral Density test during the inpatient stay for fracture</li> </ol> <p style="text-align: center;"><i>or</i></p> <ol style="list-style-type: none"> <li>3. Dispense a prescription to treat osteoporosis</li> </ol>	<p><u>BMD Test:</u> ICD-9 Proc: 88.98; CPT: 76977, 77078-77083, 78350, 78351; HCPCS: G0130</p> <p><u>Osteoporosis Therapies:</u> Biphosphonates, Estrogens, Sex Hormone Combinations, Other agents (calcitonin, raloxifene, teriparatide, denosumab)</p>
<b>Use of Spirometry in Assessment/Diagnosis of COPD</b>	<p>Administer a spirometry test on patients 40 years and older within 730 days prior through 180 days after the <u>initial</u> diagnosis to confirm the diagnosis of COPD.</p> <p><i>The diagnosis of COPD includes Chronic Bronchitis and Emphysema</i></p>	<p><u>Chronic Bronchitis:</u> ICD9: 491</p> <p><u>Emphysema:</u> ICD9: 492</p> <p><u>COPD:</u> ICD9: 493.1, 496</p> <p><u>Spirometry Test:</u> CPT: 94010, 94014-94016, 94606, 94070, 94375, 94620</p> <p><b>Differentiate acute from chronic bronchitis and use correct code; do not use codes interchangeably or use same code for both conditions.</b></p>

## Medication Management

<b>Antidepressant Medication Management</b>	For <u>newly diagnosed</u> patients 18 years and older with major depression, maintain on medication for: Acute Phase: at least 84 days Continuation Phase: at least 180 days	<u>Major Depression: ICD 9:</u> 296.20-296.25, 296.30-296.35, 298.0, 311 Antidepressant Medications  <b>Look back for negative diagnosis history is 4 months and negative medication history is 3 months. Event date = diagnosis with medication fill up to 30 days prior and 14 days after diagnosis date.</b>
<b>Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</b>	For patients over 18 yrs, if diagnosis of rheumatoid arthritis has been made at 2 ambulatory visits during the year, prescribe at least one disease modifying anti-rheumatic drug (DMARD) annually.	<u>Rheumatoid Arthritis: ICD9:</u> 714.0, 714.1, 714.2, 714.81
<b>Medication Reconciliation Post-Discharge</b>	Reconcile medications for adults ≥ 65 years of age on or within 30 days of hospital discharge by documenting one of the following :  List of medications that were prescribed or ordered on discharge <i>or</i> Notation that no medications were prescribed or ordered on discharge	This is a 100% medical record review measure.  <u>Medicare Reconciliation: CPTII*:</u> 1111F
<b>Monitoring for Patients on Persistent Medications</b>	For patients 18 years and older who have been on the following medications <u>at least 180 days</u> , perform the following tests at least annually:  1. ACE or ARB, Digoxin, Diuretics: - Serum Potassium and - Serum Creatinine or a Blood Urea Nitrogen  2. Anticonvulsant: - Drug Serum Concentration	<u>Lab Panel: CPT:</u> 80047, 80048, 80050, 80053, 80069 <u>Serum Potassium: CPT:</u> 80051,84132 <u>Serum Creatinine: CPT:</u> 82565,82575 <u>Blood Urea Nitrogen: CPT:</u> 84520,84525  Serum Concentration: <u>Phenobarbital: CPT:</u> 80184 <u>Phenytoin: CPT:</u> 80185,80186 <u>Valproic Acid &amp; Divalproex Sodium: CPT:</u> 80164 <u>Carbamazepine: CPT:</u> 80156,80157
<b>Persistence of Beta Blocker treatment after a heart attack</b>	Prescribe beta blocker treatment for <u>180 days</u> following hospital discharge for patients 18 years and older diagnosed with an Acute Myocardial Infarction (AMI).	<u>AMI: ICD 9:</u> 410.x1 <u>Beta-Blockers:</u> noncardioselective, cardioselective, antihypertensive combinations
<b>Pharmacotherapy Management of COPD Exacerbation</b>	Following a hospital discharge or an ED visit for COPD, prescribe a systemic corticosteroid <u>within 14 days</u> <i>and</i> a bronchodilator <u>within 30 days</u> .  <i>The diagnosis of COPD includes Chronic Bronchitis and Emphysema</i>	<u>Chronic Bronchitis: ICD9:</u> 491 <u>Emphysema: ICD9:</u> 492 <u>COPD: ICD9:</u> 496  <b>Differentiate acute from chronic bronchitis and use correct code; do not use codes interchangeably or use same code for both conditions.</b>

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<p><b>Potentially Harmful Drug Disease Interactions in the Elderly</b></p>	<p><b>Never prescribe to patients 65 years and older:</b></p> <ol style="list-style-type: none"> <li>1. Tricyclic antidepressants, antipsychotics or sleep agents for patients with a history of falls or hip fracture.</li> <li>2. Tricyclic antidepressants or anticholinergic agents for patients with dementia.</li> <li>3. Nonaspirin NSAIDs or Cox-2 Selective NSAIDs for patients with chronic renal failure.</li> </ol> <p><b>When any of the codes are put on a claim, presence of noted medications is assessed.</b></p>	<p><u>Falls or Hip Fractures:</u>  <b>ICD-9:</b> E880, E884, E885.9, E887, E888, 820, V54.13;  <b>CPT:</b> 27230, 27232, 27235, 27236, 27238, 27240, 27244-27246, 27248, 27254, 27267-27269, 27767-27769</p> <p><u>Psychosis:</u>  <b>ICD-9:</b> 290.11, 290.12, 290.20, 290.3, 290.41, 290.42, 290.8, 290.9, 293, 294.11, 294.21, 295, 296.x4, 297, 298</p> <p><u>Dementia:</u>  <b>ICD-9:</b> 290, 291.2, 292.82, 294.0, 294.1, 294.2, 331.0, 331.1, 331.82</p> <p><u>Chronic Renal Failure:</u>  <b>ICD-9:</b> 585.5, 585.6, V42.0, V45.1; <b>CPT:</b> 36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90960-90962, 90966, 90970, 90989, 90993, 90997, 90999, 99512; <b>ICD9- Proc:</b> 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.6; <b>HCPCS:</b> G0257, S9339</p>