

## Q: Which members are included in the sample?

**A:** Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled in 2016 based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

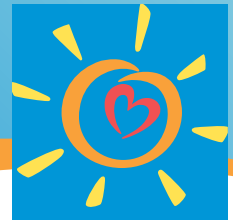
**A:** Must include both of the following:

1. Notation of hypertension (HTN, High BP, Elevated BP, Hypertensive vascular disease, Hyperpiesis, Hyperpiesia, Borderline HTN, Intermittent HTN, History of HTN) anytime on or before **June 30, 2016, *and***
2. Notation of the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record in **2016**. (The BP reading must occur after the date when the diagnosis of HTN was confirmed.)

## Q: What type of medical record is acceptable?

**A:** Notation of hypertension (HTN) in one or more of the following:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Health maintenance form           | <input checked="" type="checkbox"/> Progress notes ( <i>BP reading</i> ) |
| <input checked="" type="checkbox"/> Encounter form                    | <input checked="" type="checkbox"/> SOAP note ( <i>BP reading</i> )      |
| <input checked="" type="checkbox"/> Hospital H&P or discharge summary |  |
| <input checked="" type="checkbox"/> Problem list                      |  |



## Q: How to improve score for this HEDIS measure?

### A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ Submit any documentation with ESRD, Pregnancy, Kidney transplant or non-acute inpatient admission - *documentation will assist in excluding members from the HEDIS sample*



*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

<http://www.lacare.org/providers/provider-resources/hedis-resources>

## ICD-10 codes

Essential Hypertension	I10
Diabetes	Refer to Diabetes Value Set

## CPT codes

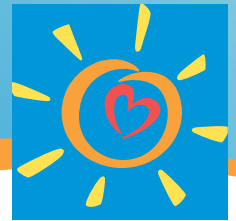
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
Observation	99217-99220
ED	99281-99285

## HCPCS codes

Outpatient	G0402, G0438, G0439, G0463, T1015
------------	-----------------------------------

## Exclusion codes

Refer to ESRD Value Set, ESRD Obsolete Value Set, Kidney Transplant Value Set, Pregnancy Value Set, Inpatient Stay Value Set, Non-Acute Inpatient Stay Value Set



## Q: Which members are included in the sample?

**A:** Members 18-75 years of age with diabetes (Type 1 & 2) who had *each* of the following:

- Hemoglobin A1c (HbA1c) testing in 2016
- HbA1c Control (<8.0%)
- HbA1c Poor Control (>9.0%)
- Retinal eye exam in 2015 or 2016
- Medical attention for nephropathy in 2016
- Blood pressure (BP) control (<140/90 mmHg) in 2016

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

### **A: Hemoglobin A1c (HbA1c) Testing and Control in 2016**

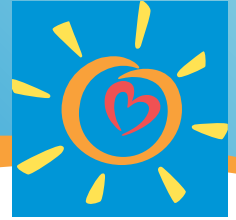
- Date of the most recent HbA1c test and the result
- Glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin are acceptable HbA1c tests

### **Medical Attention for Nephropathy in 2016**

- Urine microalbumin test with the date performed, and result/finding
- Evidence of nephropathy (e.g., renal transplant, ESRD, visit to nephrologist)
- Any urine protein testing or monitoring in 2016 (positive or negative result)
- Evidence of ACE inhibitor/ARB therapy

### **Blood Pressure (BP) Control (<140/90 mmHg)**

- The most recent BP reading during an outpatient visit or a nonacute inpatient encounter in 2016 (use the lowest systolic and lowest diastolic BP on the same date of service)



## Q: What documentation is needed in the medical record?

### Retinal Eye Exam

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in 2016
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2015
- A note or letter from an ophthalmologist, optometrist, PCP or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional, the date when the procedure was performed and the results
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care professional reviewed the results

*Note: Notation limited to a statement that indicates “diabetes without complications” does not meet criteria.*

## Q: What type of document is acceptable?

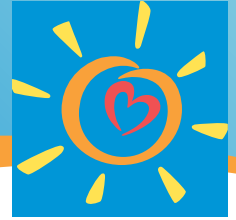
### A:

- Progress notes
- Health Maintenance Log
- Lab reports
- Eye exam report from eye care professional (optometrist or ophthalmologist)
- Nephrology consult report
- Medication list
- Blood Pressure Log from the medical record

## Q: How to improve score for this HEDIS measure?

### A:

- Use of complete and accurate Value Set Codes.
- Timely submission of claims and encounter data
- Review diabetes services needed at each office visit
- HbA1c control – schedule regular follow-up with patients to monitor changes and adjust therapies as needed.
- BP control – measure and document BP at each office visit and if elevated (>140/90), measure BP again at end of the visit.



## Q: How to improve score for this HEDIS measure?

### A:

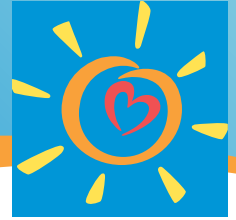
- ☑ Ensure proper documentation in medical record. For example:
  - Coding is for *diabetic* retinal eye exam vs. general retinal eye exam
  - Date, time, and result of each BP taken

*Note: Members who did not have a diagnosis of diabetes, in any setting and who had a diagnosis of gestational diabetes and steroid-induced diabetes, in any setting in 2015-2016 can be excluded from the HEDIS sample.*



★ Medicare Star Program

# Comprehensive Diabetes Care (CDC)



**L.A. Care**  
HEALTH PLAN®

## SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

Diabetes Diagnosis	Refer to Diabetes Value Set
--------------------	-----------------------------

### CPT codes

Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
Diabetic Retinal Screening	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, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260
Urine Protein Tests	81000-81003, 81005, 82042-82044, 84156
HbA1c Tests	83036, 83037

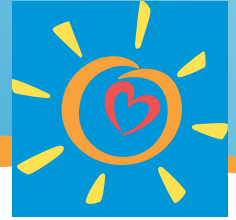
### CPT II codes

BP Testing	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Diabetic Retinal Screening with Eye Care Professional	2022F, 2024F, 2026F
Diabetic Retinal Screening Negative	3072F



★ Medicare Star Program

# Comprehensive Diabetes Care (CDC)



**L.A. Care**  
HEALTH PLAN®

## CPT II codes

Urine Protein Tests	3060F, 3061F, 3062F
HbA1c	3044F, 3045F, 3046F
Nephropathy Treatment	3066F, 4010F

## HCPCS codes

Diabetic Retinal Screening: S0620, S0621, S3000

## Exclusion codes

Refer to Diabetes Exclusion Value Set



# Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)



**L.A. Care**  
HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Adolescent and adult members (13 years and older) in 2016 with a new episode of **alcohol or other drug (AOD)** dependence who received the following:

- Initiation of AOD Treatment. Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis
- Engagement of AOD Treatment. Members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

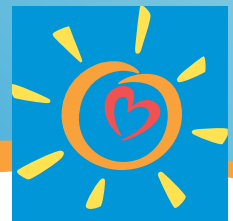
**A:** *None.* This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

## Q: What documentation is needed in the medical record?

**A:** Evidence from a claim/encounter

1. New diagnosis of alcohol or other drug (AOD) dependence and date
2. Initiation of member treatment within 14 days of the AOD diagnosis
  - a. Of these members who initiated treatment, evidence of two or more additional services (inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any AOD diagnosis) within 30 days of the initiation treatment
    - i. Note that multiple engagement visits may occur on the same day, but they must be with different providers in order to count

# Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)



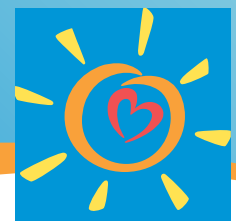
**L.A. Care**  
HEALTH PLAN®

## Q: How to improve score for this HEDIS measure?

### A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Consider screening all members at office visits using a substance abuse screening tool
- ☑ Perform SBIRT for members who answer positive for alcohol on the SHA or whom you suspect have an alcohol problem
- ☑ Once a member is identified with AOD diagnosis, initiate brief intervention or refer for treatment within 14 days. Then complete at least two brief interventions within 30 days of diagnosis
- ☑ When referring members out to substance abuse providers, ensure an appointment is made within 14 days of diagnosis

# Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)



**L.A. Care**  
HEALTH PLAN®

## SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

Refer to AOD Dependence Value Set, AOD Procedures Value Set, Detoxification Value Set

### CPT codes

ED	99281-99285
IET Stand Alone Visits	98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510
IET Visits Group 1	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876
IET Visits Group 2	99221-99223, 99231-99233, 99238, 99239, 99251-99255

### HCPCS codes

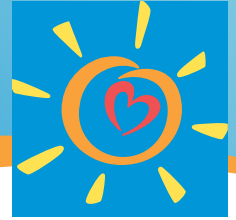
IET Stand Alone Visits	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015
Detoxification	H0008-H0014

### Exclusion codes

Refer to AOD Dependence Value Set



# Medication Management for People With Asthma (MMA)



**L.A. Care**  
HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Members 5–85 years of age, who were identified as having persistent asthma and who were dispensed appropriate medications that they remained on during the treatment period in 2016. Two rates are reported:

1. Members who remained on an asthma controller medication for at least 50% of their treatment period
2. Members who remained on an asthma controller medication for at least 75% of their treatment period

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** *None.* This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

## Q: What type of document is acceptable?

**A:** Evidence from 2016 claims/encounter:

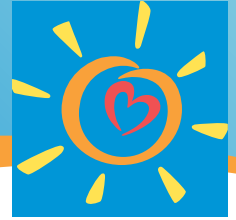
1. Compliant with asthma controller medication for at least 50% of treatment period
2. Compliant with asthma controller medication for at least 75% of treatment period

### 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 • Ciclesonide • Fluticasone CFC free • Budesonide • Flunisolide • Mometasone
Leukotriene modifiers	• Montelukast • Zafirlukast • Zileuton
Mast cell stabilizers	• Cromolyn
Methylxanthines	• Aminophylline • Dyphylline • Theophylline



# Medication Management for People With Asthma (MMA)



**L.A. Care**  
HEALTH PLAN®

## Q: How to improve score for this HEDIS measure?

### A:

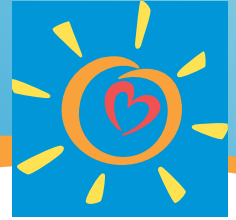
- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ Proper coding or documentation – *to assist in excluding members from the HEDIS sample*  
*See below for exclusion criteria*

### Required Exclusions:

- Members who had any of the following diagnoses (documented) any time during the member's history through 12/31/2016:
  - Emphysema
  - Other Emphysema
  - COPD
  - Obstructive Chronic Bronchitis
  - Chronic Respiratory Conditions Due to Fumes/Vapors
  - Cystic Fibrosis
  - Acute Respiratory Failure
- Members who had no asthma controller medications dispensed in 2016



# Medication Management for People With Asthma (MMA)



**L.A. Care**  
HEALTH PLAN®

## SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

Asthma	J45.20, J45.21, J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998
--------	---

### CPT codes

Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
Acute Inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291
ED	99281-99285
Observation	99217-99220

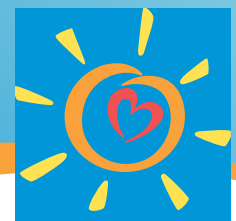
### HCPCS codes

Outpatient	G0402, G0438, G0439, G0463, T1015
------------	-----------------------------------

### Exclusion codes

Refer to Acute Respiratory Failure Value Set, Chronic Respiratory Conditions Due To Fumes/Vapors Value Set, COPD Value Set, Cystic Fibrosis Value Set, Emphysema Value Set, Other Emphysema Value Set, Obstructive Chronic Bronchitis Value Set

# Pharmacotherapy Management of COPD Exacerbation (PCE)



**L.A. Care**  
HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Members 40 years of age and older with COPD exacerbations who had an acute inpatient discharge or ED visit on or between January 1, 2016 – November 30, 2016, and who were dispensed a systemic corticosteroid and/or a bronchodilator.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** *None.* This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

## Q: What type of document is acceptable?

**A:** Evidence from claim/encounter

1. Dispensed prescription for systemic corticosteroid on or 14 days after the Episode Date

### Systemic Corticosteroids

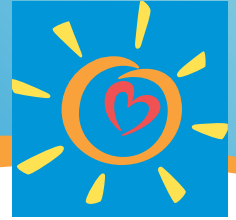
Description	Prescription
Glucocorticoids	<ul style="list-style-type: none"> <li>• Betamethasone</li> <li>• Hydrocortisone</li> <li>• Prednisolone</li> <li>• Triamcinolone</li> <li>• Dexamethasone</li> <li>• Methylprednisolone</li> <li>• Prednisone</li> </ul>

2. Dispensed prescription for a bronchodilator on or 30 days after the Episode Date

### Bronchodilators

Description	Prescription
Anticholinergic agents	<ul style="list-style-type: none"> <li>• Albuterol-ipratropium</li> <li>• Acclidinium-bromide</li> </ul>
Beta 2-agonists	<ul style="list-style-type: none"> <li>• Albuterol</li> <li>• Arformoterol</li> <li>• Budesonide-formoterol</li> <li>• Fluticasone-salmeterol</li> <li>• Fluticasone-vilanterol</li> </ul>
Methylxanthines	<ul style="list-style-type: none"> <li>• Aminophylline</li> <li>• Dyphylline-guaifenesin</li> </ul>

# Pharmacotherapy Management of COPD Exacerbation (PCE)



**L.A. Care**  
HEALTH PLAN®

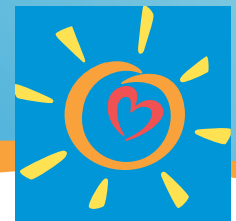
## Q: How to improve score for this HEDIS measure?

### A:

- Use of complete and accurate Value Set Codes
- Timely submission of claims and encounter data



# Pharmacotherapy Management of COPD Exacerbation (PCE)



**L.A. Care**  
HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

Chronic Bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9
COPD	J44.0, J44.1, J44.9

### CPT codes

ED	99281-99285
----	-------------

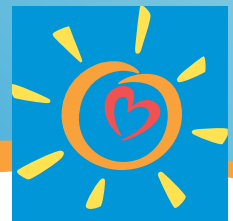
### HCPCS codes

N/A

### Exclusion codes

Refer to Inpatient Stay Value Set Codes

# Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)



**L.A. Care**  
HEALTH PLAN®

## Q: Which members are included in the SAMPLE?

**A:** Members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** *None.* This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

## Q: What type of document is acceptable?

**A:** Evidence from claim/encounter

- At least one spirometry test confirming diagnosis of Chronic Obstructive Pulmonary Disease (COPD) during the 730 days (2 years) prior to the IESD through 180 days (6 months) after the IESD.

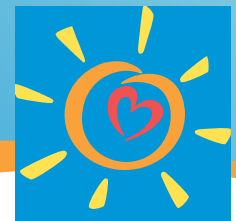
**Index Episode Start Date (IESD):** The earliest date of service for an eligible visit (outpatient, ED, or acute inpatient) encounter during the Intake Period (July 1, 2015 - June 30, 2016) with any diagnosis of COPD.

## Q: How to improve score for this HEDIS measure?

**A:**

- Use of complete and accurate Value Set Codes
- Timely submission of claims and encounter data

# Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)



**L.A. Care**  
HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

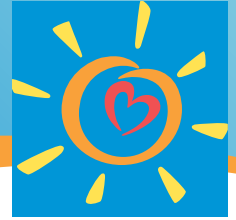
<http://www.lacare.org/providers/provider-resources/hedis-resources>

ICD-10 codes	
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9
COPD	J44.0, J44.1, J44.9

CPT codes	
Spirometry	94010, 94014-94016, 94060, 94070, 94375, 94620
ED	99281-99285
Observation	99217-99220
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS codes	
Outpatient	G0402, G0438, G0439, G0463, T1015

# Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)



**L.A. Care**  
HEALTH PLAN®

## Exclusion codes

Refer to Outpatient Value Set, Observation Value Set, ED Value Set, COPD Value Set, Emphysema Value Set, Chronic Bronchitis Value Set, Inpatient Stay Value Set, Nonacute Inpatient Stay Value Set