

Medicare Quality Quick Reference Guide

Measurement Year 2020–2021

Measure	Requirement	Coding Assistance
A1C Hemoglobin A1C Testing and Control Members 18–75 years of age with type I or type II diabetes who had an HbA1C screen (must be <9) during the measurement year	Test Needed: HbA1C is required at least one time in the measurement year, and most recent test results must be <9.0%. Excludes: Members with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior to the measurement year	CPT® Code(s): 83036, 83037 CPT® II Code(s): 3044F, 3046F, 3051F, 3052F <i>Note:</i> When coding a HbA1C test, the CPT II code must be included with the results of the test. If CPT II codes are used, that portion of the medical record that documents those results must be submitted.
BCS Breast Cancer Screening Female members 50–74 years of age as of December 31 who had a mammogram to screen for breast cancer	Age 52–74: A mammogram is required two years prior to the measurement year through December 31 of the measurement year. Excludes: <ul style="list-style-type: none"> • Bilateral mastectomy • Unilateral mastectomy w/bilateral modifier • History of bilateral mastectomy • Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service 	Mammography Codes: CPT Code(s): 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067 HCPCS Code(s): G0202, G0204, G0206 Exclusion Codes: CPT Code(s): 19180, 19200, 19220, 19240, 19303–19307 ICD-10-CM Code(s): Z90.11, Z90.12, Z90.13 ICD-10-PCS: OHTUOZZ, OHTTOZZ, OHTVOZZ Bilateral modifier 50, LT, RT
COL Colon Cancer Screening Members 50–75 who had an appropriate screening for colorectal cancer	Age 50–75: One of five screenings are accepted: <ul style="list-style-type: none"> • FOBT: Performed during the current year • FIT-DNA: Performed during the current year or the two years prior • Flexible Sigmoidoscopy: Performed during the current year or the four years prior • CT Colonography: Performed during the current year or the four years prior • Colonoscopy: Performed during the current year or the nine years prior Excludes: Colorectal Cancer and Total Colectomy	FOBT, FIT: CPT Code(s): 82270, 82274, 81528 HCPCS: G0328, G0464 Flexible Sigmoidoscopy: CPT Code(s): 45330–45335, 45337–45342, 45345–45347, 45349, 45350 HCPCS: G0104 CT Colonography: CPT Code(s): 74261–74263 Colonoscopy: CPT Code(s): 44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398 HCPCS: G0105, G0121

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<p>CRE Cardiac Rehabilitation 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</p>	<p>Ages 18+: Four rates are reported:</p> <ul style="list-style-type: none"> • Initiation: Attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event • Engagement 1: Attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event • Engagement 2: Attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event • Achievement: Attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event 	<p>CPT Code(s): 93797, 93798 HCPCS Code(s): G0422, G0423, S9472</p>
<p>EYE Diabetic Retinal Eye Exam Members 18–75 years of age with type I or II diabetes who had a retinal eye exam during the measurement year</p>	<p>Age 18–75: Screening or monitoring for diabetic retinal disease. This includes diabetics who had one of the following:</p> <ul style="list-style-type: none"> • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year • Bilateral eye enucleation any time during the member’s history through December 31 of the measurement year <p>If submitted by a PCP, the CPT codes must be accompanied by a CPT II code to meet the HEDIS® specifications indicating the services were performed by a qualified vision provider.</p>	<p>CPT Code(s): 67028, 67030–67031, 67036, 67039–67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220–67221, 67227–67228, 92002, 92004, 92012, 92014, 92018–92019, 92134, 92225–92228, 92230, 92235, 92240, 92250, 92260 CPT II Code(s): 2022F, 2024F, 2026F or 3072F (negative for retinopathy). HCPCS Code(s): S0620, S0621, S3000</p>
<p>KED Kidney Health Evaluation for Patients With Diabetes 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 albumin-creatinine ratio (uACR), during the measurement year</p>	<p>Ages 18–75: Members who received both of the following during the measurement year on the same or different dates of service:</p> <ul style="list-style-type: none"> • At least one eGFR • 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 	<p>CPT Code(s): 80047, 80048, 80050, 80053, 80069, 82043, 82565, 82570</p>
<p>NEP Diabetic Nephropathy Members 18–75 years of age with type I or II diabetes who had a kidney function test during the measurement year</p>	<p>Age 18–75: A nephropathy screening or monitoring test or evidence of nephropathy. This includes diabetics who had one of the following during the measurement year:</p> <ul style="list-style-type: none"> • A nephropathy screening or monitoring test • Evidence of treatment for nephropathy or ACE/ARB therapy • At least one ACE inhibitor or ARB dispensing event • Evidence of stage 4 CKD, ESRD, dialysis, nephrectomy, or kidney transplant <p><i>Note:</i> Document the date and values in medical record. Most recent lab value during the year will be the representative value.</p>	<p>Kidney Function Test: CPT Code(s): 81000–81003, 81005, 82042–82044, 84156 CPT II Code(s): 3060F, 3061F, 3062F, 3066F, 4010F <i>Note:</i> Prescription for ACE/ARB during measure year will satisfy measure once member picks up medication from pharmacy.</p>

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<p>OMW Osteoporosis Management in Women Female members 67–85 who suffered a fracture and who had either a bone mineral density test (BMD) or prescription for a drug to treat osteoporosis within the last six months</p>	<p>Age 67–85: Order a bone mineral density test (BMD) within six months of a fracture.</p> <p>Excludes: BMD test within 24 months prior to index episode start date (IESD), osteoporosis therapy, or dispensed prescription medication within 12 months prior to IESD</p> <p>IESD: The earliest date of service for any encounter during the intake period with a diagnosis of fracture</p>	<p>BMD Test: CPT Code(s): 76977, 77078, 77080, 77081, 77082, 77085, 77086</p> <p>HCPCS Code(s): G0730, J0630, J0897, J1740, J3110, J3489</p> <p><i>Note:</i> Prescription for osteoporosis medications will also satisfy the measure within six months of the IESD once member picks up medication from pharmacy.</p>
<p>OSW Osteoporosis Screening in Older Women Female members 65–75 years of age who received osteoporosis screening</p>	<p>Ages 65–75: One or more osteoporosis screening tests are required for all female members on or between the member’s 65th birthday and December 31 of the current year.</p>	<p>CPT Code(s): 76977, 77078, 77080, 77081, 77085</p>
<p>TRC Transition of Care Members 18 years of age and older who had each of the following four rates are reported:</p> <ul style="list-style-type: none"> • Notification of Inpatient Admission • Receipt of Discharge Information • Patient Engagement After Patient Discharge • Medication Reconciliation Post-Discharge 	<p>Ages 18+:</p> <ul style="list-style-type: none"> • Notification of Inpatient Admission: Documentation must include evidence of receipt of notification of inpatient admission on the day of admission through two days after the admission (three total days) and include evidence of the date when the notification was received. • Receipt of Discharge Information: Documentation must include evidence of receipt of discharge information on the day of discharge through two days after the discharge (three total days) and include evidence of the date when the notification was received. • Patient Engagement After Inpatient Discharge: Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) 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) <p><i>Note:</i> A list of medications in the medical record. The medication list may include medication names only or may include medication names, dosages and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.</p>	<p>To Identify Patient Engagement After Inpatient Discharge: CPT Code(s): 98966–98972, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99429, 99441–99444, 99455–99457, 99483, 99495, 99496</p> <p>HCPCS Code(s): G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, T1015</p> <p>To Identify Medication Reconciliation and List: CPT Code(s): 99483, 99495, 99496 CPT II Code(s): 1111F</p>

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