



Evidence Based Care Report (EBCR) Measure Specifications for PGIP 2011 Program Year



Source: BCBSM PGIP Program
Released: December 2010

This page is an overview of changes to the EBCR measures for the 2011 Program Year. The following pages contain each measure and specifications including definition of the eligible population, enrollment requirements, numerator, denominator, exclusions and codes to identify the conditions and treatments/tests.

A. Current Measures	Measure Source
<u>Adult Prevention</u>	
1. Breast Cancer Screening	USPSTF
2. Cervical Cancer Screening	HEDIS
	<i>Changes effective with the 1Q11 EBCR are noted in bold blue italics font</i>
<u>Antibiotic Use</u>	
3. Appropriate Treatment for Children with an Upper Respiratory Infection	HEDIS
4. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	HEDIS
<u>Asthma</u>	
5. Appropriate Medication Use (RETIRED, 2009 PY)	HEDIS
<u>Child/Adolescent Prevention</u>	
6. Adolescent Well Care Visits	HEDIS
7. Adolescent Immunizations	HEDIS
8. Childhood Immunization Status	HEDIS
9. Well Child Visits in the First 15 Months of Life	HEDIS modified
10. Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	HEDIS
<u>Chronic Obstructive Pulmonary Disease (COPD)</u>	
11. Use of Spirometry Testing in the Assessment and Diagnosis of COPD	HEDIS
<u>Congestive Heart Failure (CHF)</u>	
12. LDL-C Screening (RETIRED, 2011 PY)	MQIC
13. Rate of ACE/ARB	BCBSM
14. ACE/ARB Continuation and Persistence	BCBSM
<u>Coronary Artery Disease (CAD)</u>	
15. Persistence of Beta-Blocker Treatment After a Heart Attack	HEDIS
16. LDL-C Screening	BCBSM
17. Lipid Lowering Drug Rate	BCBSM
18. Statin Use (RETIRED, 2010 PY)	MQIC
<u>New CAD Measures for 2011</u>	
19. Atrial Fibrillation/Atrial Flutter: Chronic Anticoagulation Therapy NEW 2011	ACC/AHA
20. INR Monthly Testing for Patients with Atrial Fibrillation on Warfarin NEW 2011	ACC/AHA
21. Participation in Cardiac Rehabilitation Following a Qualifying Cardiac Event NEW 2011	ACC/AHA
<u>Diabetes*</u>	
22. HbA1c Testing	HEDIS
23. LDL-C Screening Test	HEDIS
24. Monitor for Nephropathy	HEDIS
25. Lipid Lowering Drug Rate	BCBSM
26. Statin Use (RETIRED, 2010 PY)	MQIC
27. ACE/ARB Use with Comorbid CHF	BCBSM
28. ACE/ARB Use with Comorbid Nephropathy	BCBSM
29. ACE/ARB Use with Comorbid Hypertension	BCBSM
* includes a separate specification that provides all information on the detail behind the diabetes denominator	
<u>Low Back Pain</u>	
30. Use of Imaging Studies for Low Back Pain	HEDIS
<u>Medication Management</u>	
31. Antidepressant Medication Management	HEDIS
32. Medication Management: Annual Monitoring for Patients on Persistent Medications	HEDIS
33. Follow-Up Care for Children Prescribed ADHD Medication NEW 2011	HEDIS modified

Measure	Changes to 2011 EBCR Measures
Adult Prevention	
Breast Cancer Screening	<ul style="list-style-type: none"> Deleted CPT codes 76090-76092 Increased lower age limit to 50
Cervical Cancer Screening	<ul style="list-style-type: none"> Added CPT codes 57540, 57545, 57550, 57555, 57556, 58548
Antibiotic Use	
Appropriate Use for URI in Children	<ul style="list-style-type: none"> Deleted UB Revenue code 077x
Appropriate Use for Bronchitis in Adults	<ul style="list-style-type: none"> Deleted UB Revenue code 077x
Asthma - (RETIRED, 2009 PY)	
Appropriate Medication Use	<ul style="list-style-type: none"> Deleted UB Revenue codes 022x, 077x Added ciclesonide to inhaled corticosteroids description
Child/Adolescent Prevention	
Adolescent Immunization	<ul style="list-style-type: none"> No changes to this measure
Childhood Immunization Status	<ul style="list-style-type: none"> Revised dosing requirements for HiB and Rotavirus vaccines Defined 6 months of age for influenza as "180 days"
Well Child Visits (all three cohorts)	<ul style="list-style-type: none"> Added ICD-9-CM Diagnosis code V20.3
COPD	
Use of Spirometry in Assessment & Diagnosis of COPD	<ul style="list-style-type: none"> Added Table to identify visit types Clarified Index Episode Start Date (IESD) definition Clarified Negative Diagnosis History.
Congestive Heart Failure	
LDL-C Screening	<ul style="list-style-type: none"> No changes to this measure
Rate of ACE/ARB	<ul style="list-style-type: none"> Deleted UB Revenue codes 022x, 077x Exclusion criteria revised Identified contraindications
ACE/ARB Continuation and Persistence	<ul style="list-style-type: none"> Deleted UB Revenue codes 022x, 077x
Coronary Artery Disease	
Persistence of Beta Blocker Treatment after an AMI	<ul style="list-style-type: none"> No changes to this measure
LDL-C Screening	<ul style="list-style-type: none"> Deleted UB Revenue codes 022x, 077x ICD-9 Diagnosis Codes aligned across all CAD measures
Lipid Lowering Drug Rate	<ul style="list-style-type: none"> Deleted UB Revenue codes 022x, 077x ICD-9 Diagnosis Codes aligned across all CAD measures Lipid Lowering Drug List updated
Statin Use (RETIRED, 2010 PY)	<ul style="list-style-type: none"> Deleted UB Revenue codes 022x, 077x
Warfarin (brand name Coumadin) Use with Atrial Fibrillation	<ul style="list-style-type: none"> New measure for 2011
INR Monthly Testing for Patients with Atrial Fibrillation on Warfarin	<ul style="list-style-type: none"> New measure for 2011
Participation in Cardiac Rehabilitation Following a Qualifying Cardiac Event	<ul style="list-style-type: none"> New measure for 2011
Diabetes	
HbA1c Testing	<ul style="list-style-type: none"> Deleted UB Revenue code 022x, 077x
LDL-C Screening	<ul style="list-style-type: none"> No changes to this measure
Monitor for Nephropathy	<ul style="list-style-type: none"> No changes to this measure
Lipid Lowering Drug Rate	<ul style="list-style-type: none"> Decreased lower age limit to 40
Statin Use (RETIRED, 2010 PY)	<ul style="list-style-type: none"> Decreased lower age limit to 40
ACE/ARB Use with Comorbid CHF	<ul style="list-style-type: none"> Denominator criteria description revised Exclusion criteria revised
ACE/ARB Use with Comorbid Nephropathy	<ul style="list-style-type: none"> Denominator criteria description revised Exclusion criteria revised Added CPT codes to Evidence of Treatment for Nephropathy
ACE/ARB Use with Comorbid Hypertension	<ul style="list-style-type: none"> Denominator criterion description revised Exclusion criteria revised
Denominator Detail	<ul style="list-style-type: none"> Deleted UB Revenue code 022x, 077x Deleted CPT code 67038
Low Back Pain	
Use of Imaging Studies	<ul style="list-style-type: none"> Deleted UB Revenue code 077x
Medication Management	
Antidepressants	<ul style="list-style-type: none"> Deleted UB Revenue code 077x Deleted "milnacipran" from the SSNRI antidepressants description
Annual Monitoring for Patients on Persistent Medications	<ul style="list-style-type: none"> No change
Follow-Up Care for Children Prescribed ADHD Medication	<ul style="list-style-type: none"> New measure for 2011

Evidence Based Care Report (EBCR) Measure Specifications

#1 Breast Cancer Screening - percentage of members who have had a mammogram during the measurement year or year prior to the measurement period

Source: [US Preventive Services Task Force*](#)

Eligible population: Women members **50-69** years of age as of the end of the measurement period

Continuous enrollment: Members must be continuously enrolled during the measurement period and the year prior to the measurement period. No more than one gap in enrollment of up to 30 days during each year of continuous enrollment is allowed.

Denominator: Eligible population

Numerator: One or more mammograms during the measurement period or the year prior to the measurement period. A woman had a mammogram if a submitted claim/encounter contains any one of the codes mentioned below in "Codes to Identify Breast Cancer Screening."

Exclusions: Women who had a bilateral mastectomy by and through December 31 of the measurement year (looking back 2 years in the member's history) and for whom administrative (claims) data do not indicate a mammography was performed.

~ Please refer below for "Codes to Identify Exclusions".

Notes:

Beginning with the 4Q 2008 EBCR, BCBSM began looking back 6 years (instead of 2) in the member's history for exclusionary criteria. Also, BCBSM plans to eventually include an ongoing list of members who were excluded from this measure's calculation due to criteria listed in this report.

Biopsies, breast ultrasounds, and MRIs are not counted as they are not primary screening procedures.

Codes to Identify Breast Cancer Screening

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue
77055 - 77057	G0202 G0204 G0206	V76.11, V76.12	87.36, 87.37	0401 403

Codes to Identify Exclusions

Description	CPT	ICD-9-CM Procedure
Bilateral mastectomy	19180.50, 19200.50, 19220.50, 19240.50, 19303.50, 19304.5, 19305.5, 19306.5, 19307.5 WITH Modifier .50 or modifier code 09950**	85.42, 85.44, 85.46, 85.48
Unilateral mastectomy (two separate occurrences on two different dates of service)	19180, 19200, 19220, 19240, 19303, 19304, 19180, 19305, 19306, 19307	85.41, 85.43, 85.45, 85.47

* Age revised based on USPSTF recommendation; denominator, numerator and exclusions based on HEDIS specifications.

** .50 and 09950 modifier codes indicate the procedure was bilateral and performed during the same operative session.

Evidence Based Care Report (EBCR) Measure Specifications

#2 Cervical Cancer Screening - percentage of women members who had a Pap during the measurement year, or the two years prior to the measurement period

Source: HEDIS

Eligible population: Women members 24-64 years of age as of the end of the measurement period

Continuous enrollment: Members must be continuously enrolled during the measurement period and the 2 years prior to the measurement period (see "Note"). No more than one gap in enrollment of up to 30* days during each year of continuous enrollment is allowed.

Denominator: Eligible population

Numerator: One or more Pap tests during the measurement year or the 2 years prior to the measurement year
 ~ Please refer below to "Codes to Identify Cervical Cancer Screening" for qualifying numerator codes representing cervical cancer screening

Exclusions: Women who have had a total hysterectomy with no residual cervix by December 31 of the measurement year (looking back 2 years in the member's history)

Notes: Beginning with the 4Q 2008 EBCR, BCBSM began looking back 6 years (instead of 2) in the member's history for exclusionary criteria. Also, BCBSM plans to eventually include an ongoing list of members who were excluded from this measure's calculation due to criteria listed in this report.

Codes to Identify Cervical Cancer Screening

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB-92 Revenue
57540, 57545, 57550, 57555, 57556, 58548 88141 - 88143, 88147, 88148, 88150, 88152 - 88155, 88164 - 88167, 88174, 88175	G0101, G0123, G0124, G0141, G0143 - G0145, P3000, P3001, Q0091	V72.32, V76.2, V88.01, V88.03	91.46	0923

Codes to Identify Exclusions

Description	CPT	ICD-9-CM Diagnosis	ICD-9-CM Procedure
Hysterectomy	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	618.5, V67.01, V76.47	68.4 - 68.8

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications

#3 Antibiotics: Appropriate Treatment for Children with Upper Respiratory Infection - the percentage of children 3 months through 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription

Source: HEDIS

Eligible population: Children 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement period

Continuous enrollment: 30 days prior to episode date through 3 days after episode date

Denominator: Children 3 months to 18 years during the reporting period

~ *Outpatient or emergency room visit with primary diagnosis of URI*

~ *30 day negative medication history prior to episode date*

~ *Negative Competing Diagnosis during the 3 days after episode date*

Numerator: Dispensed prescription for antibiotic medication on or three days after the Index Episode Start Date (IESD).

Inverted rate [1 - (numerator/eligible population)]. Higher rate indicates appropriate treatment.

Exclusions: None

Codes to Identify Visit Type

Description	CPT	UB Revenue	ICD-9-CM Diagnosis
Outpatient	99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99381 - 99385, 99391 - 99395, 99401 - 99404, 99411, 99412, 99420, 99429	051x, 0520 - 0523, 0526 - 0529, 0982, 0983	
ER Visit	99281 - 99285	045x, 0981	

Codes to Identify Appropriate Treatment for Children with Upper Respiratory Infection

URI			465
Acute nasopharyngitis (common cold)			460

Evidence Based Care Report (EBCR) Measure Specifications

#3 Antibiotics: Appropriate Treatment for Children with Upper Respiratory Infection - the percentage of children 3 months through 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription

Codes to Identify Competing Diagnoses

Description	ICD-9-CM Diagnosis
Intestinal infections	001-009
Pertussis	33
Bacterial infection unspecified	41.9
Lyme disease and other arthropod-borne	88
Otitis media	382
Acute sinusitis	461
Acute pharyngitis	034.0, 462
Acute tonsillitis	463
Chronic sinusitis	473
Infections of the pharynx, larynx, tonsils,	464.1-464.3, 474, 478.21-478.24, 478.29, 478.71, 478.79, 478.9
Prostatitis	601
Cellulitis, mastoiditis, other bone infections	383, 681, 682, 730
Acute lymphadenitis	683
Impetigo	684
Skin staph infections	686
Pneumonia	481- 486
Gonococcal infections and venereal	098, 099, V01.6, V02.7, V02.8
Syphilis	090-097
Chlamydia	078.88, 079.88, 079.98
Inflammatory diseases (female reproductive	131, 614-616
Infections of the kidney	590
Cystitis or UTI	595, 599.0
Acne	706.0, 706.1

Evidence Based Care Report (EBCR) Measure Specifications

#4 Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis -percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription

Source: HEDIS

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

Continuous enrollment: One year prior to the Episode Date through 7 days after the Episode Date (inclusive). No more than one gap of 30* days from 365 days prior to through 7 days after the Episode Date.

Denominator: Adults 18 years as of January 1 to 64 years as of December 31 of measurement year
 ~ Outpatient or emergency room visit with diagnosis of Bronchitis
 ~ 30 day negative medication history prior to episode date
 ~ 12 month negative comorbid history prior to episode date
 ~ negative competing diagnosis 30 days prior and 7 days after episode date

Numerator: Dispensed prescription for antibiotic medication on or within three days after the Index Episode Start Date (IESD). Inverted rate [1-(Numerator/Eligible population)]. Higher rate indicates appropriate treatment.

Exclusions: None.

Note: Do not include ED visits that result in an inpatient admission

Codes to Identify Visit Type

Description	CPT	UB Revenue	ICD-9 - CM Diagnosis
Outpatient	99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99385, 99386, 99395, 99396, 99401 - 99404, 99411, 99412, 99420, 99429	051x, 0520 - 0523, 0526 - 0529, 0982, 0983	
ED	99281 - 99285	045x, 0981	

Codes to Identify Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Acute Bronchitis			466.0
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Evidence Based Care Report (EBCR) Measure Specifications

#4 Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis -percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription

Antibiotic Medications

Description	Prescription					
5-aminosalicylates	sulfasalazine					
Aminoglycosides	amikacin	kanamycin	streptomycin	gentamicin	neomycin	tobramycin
Aminopenicillins	amoxicillin	ampicillin				
Antipseudomonal penicillins	piperacillin	ticarcillin				
Beta-lactamase inhibitors	amoxicillin-clavulanate	ampicillin-sulbactam	piperacillin-tazobactam	ticarcillin-clavulanate		
First generation cephalosporins	cefadroxil	cephalexin	cefazolin	cephradine		
Fourth generation cephalosporins	cefepime					
Ketolides	telithromycin					
Lincomycin derivatives	clindamycin	lincomycin				
Macrolides	azithromycin erythromycin	clarithromycin	erythromycin ethylsuccinate	erythromycin stearate	erythromycin lactobionate	
Miscellaneous antibiotics	aztreonam chloramphenicol dalfopristin-quinupristin	daptomycin erythromycin-sulfisoxazole	linezolid metronidazole vancomycin			
Sulfamethoxazole-trimethoprim DS	sulfamethoxazole-trimethoprim					
Natural penicillins	penicillin G benzathine-procaine	penicillin G potassium	penicillin G sodium	penicillin G procaine	penicillin V potassium	
Penicillinase resistant penicillins	dicloxacillin	nafcillin	oxacillin			
Quinolones	levofloxacin gatifloxacin	lomefloxacin ciprofloxacin	ofloxacin gemifloxacin	norfloxacin	moxifloxacin	sparfloxacin
Rifamycin derivatives	rifampin					
Second generation cephalosporin	cefoxitin cefaclor	cefuroxime	cefotetan	cefprozil	loracarbef	
Sulfonamides	sulfadiazine	sulfisoxazole	sulfamethoxazole-trimethoprim			
Tetracyclines	doxycycline	minocycline	tetracycline			

Evidence Based Care Report (EBCR) Measure Specifications

#4 Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis -percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription

Description	Prescription					
Third generation cephalosporins	cefotaxime	ceftibuten	cefdinir	cefixime	ceftriaxone	ceftazidime
Urinary anti-infectives	cefditoren	cefpodoxine	ceftizoxime			
	nitrofurantoin	nitrofurantoin-macrocystals	trimethoprim	fosfomycin	nitrofurantoin macrocrystals-monohydrate	

Codes to Identify Comorbid Conditions

HIV disease; asymptomatic HIV	042, V08	
Cystic fibrosis	277.0	
Disorders of the immune system	279	
Malignancy neoplasms	140-209	
Chronic bronchitis	491	
Emphysema	492	
Bronchiectasis	494	
Extrinsic allergic alveolitis	495	
Chronic airway obstruction, chronic obstructive asthma	493.2, 496	
Pneumoconiosis and other lung disease due to external agents	500-508	
Other diseases of the respiratory system	510-519	
Tuberculosis	010-018	

* HEDIS uses 45 days, but BCBSM updates enrollment every 30, 60 and 90 days.

Evidence Based Care Report (EBCR) Measure Specifications (Retired for 2009 Program Year)

#5 Asthma: Appropriate Medication Use - percentage of members 5-50 years of age during the measurement period who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement period

Source: HEDIS

Eligible population: Members 5-50 years by the end of the measurement period

Continuous enrollment: Members must be continuously enrolled during the measurement period *and the year* prior to the measurement period.

Denominator: Eligible population for each age category.

Step 1: 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 does not need to be the same across both years.

- ~ At least one ED visit with asthma as the principal diagnosis (please refer below to "Codes to Identify Asthma" and "Codes to Identify Visit Type") OR
- ~ At least one acute inpatient claim/encounter with asthma as the principal diagnosis OR
- ~ At least four outpatient asthma visits, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events (please refer below to "Asthma Medications") OR
- ~ At least four asthma medication dispensing events

Step 2: A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier (i.e., measurement year or year prior to the measurement year):

Numerator: Dispensed at least one prescription for a preferred therapy during the measurement year.

- ~ Please refer below to "Preferred Asthma Therapy Medicatons"

Exclusions: Members with a diagnosis of emphysema, COPD, *cystic fibrosis or acute respiratory failure* during the measurement year.

- ~Please refer below to "Codes to Identify Exclusions"

Codes to Identify Asthma	
Descripton	ICD-9-CM Diagnosis
Asthma	493

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

Evidence Based Care Report (EBCR) Measure Specifications (Retired for 2009 Program Year)

#5 Asthma: Appropriate Medication Use - percentage of members 5-50 years of age during the measurement period who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement period

Asthma Medications	
Description	Prescriptions
Antiasthmatic combinations	- dyphylline-guaifenesin - guaifenesin-theophylline - potassium iodide-theophylline
<i>Antibody inhibitor</i>	- <i>omalizumab</i>
Inhaled steroid combinations	- budesonide-formoterol - fluticasone-salmeterol
Inhaled corticosteroids	- beclomethasone - flunisolide - mometasone - budesonide - fluticasone CFC free - triamcinolone - ciclesonide
Leukotriene modifiers	- montelukast - zafirlukast - zileuton
Long-acting, inhaled beta-2 agonists	- aformoterol - formoterol - salmeterol
Mast cell stabilizers	- cromolyn - nedocromil
Methylxanthines	- aminophylline - oxtriphylline - dyphylline - theophylline
Short-acting, inhaled beta-2 agonists	- albuterol - levalbuterol - bitolterol - pirbuterol

Preferred Asthma Therapy Medications	
Description	Prescriptions
Antiasthmatic combinations	- dyphylline-guaifenesin - guaifenesin-theophylline - potassium iodide-theophyllin
<i>Antibody inhibitor</i>	- <i>omalizumab</i>
Inhaled steroid combinations	- budesonide-formoterol - fluticasone-salmeterol
Inhaled corticosteroids	- beclomethasone - flunisolide - mometasone - budesonide - fluicasone CFC free - triamcinolone - ciclesonide
Leukotriene modifiers	- montelukast - zafirlukast
Mast cell stabilizers	- cromolyn - nedocromil
Methylxanthines	- aminophylline - oxtriphylline - dyphylline - theophylline

Codes to Identify Exclusions	
Description	ICD-9-CM Diagnosis
Emphysema	492, 506.4, 518.1, 518.2
COPD	491.2, 493.2, 496, 506.4
<i>Cystic fibrosis</i>	277
<i>Acute respiratory failure</i>	518.81

Evidence Based Care Report (EBCR) Measure Specifications

#6 Adolescent Well-Care Visits - percentage of members who have had a who have had at least one visit with a PCP or OB/GYN practitioner during the measurement period

Source: HEDIS

Eligible population: Members 12-21 years of age as of the end of the measurement period

Continuous enrollment: Members must be continuously enrolled during the measurement period.

Denominator: Eligible population

Numerator: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period

Exclusions: None

Codes to Identify Adolescent Well-Care Visits

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

Evidence Based Care Report (EBCR) Measure Specifications

#7 Adolescent Immunization - percentage of members 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) before turning 13 years old*

Source: HEDIS

Eligible population: Members who turn 13 years of age during the measurement period

Continuous enrollment: Members must be continuously enrolled 12 months prior to the child's 13th birthday. No more than one gap in enrollment of up to 30** days during the 12 months prior to the child's second birthday is allowed

Denominator: Eligible population.

Numerator:

- ~ One dose of meningococcal vaccine **AND**
- ~ One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) **OR**
- ~ One tetanus, diphtheria toxoids vaccine (Td); **OR**
- ~ One Combination 1 (Meningococcal, Tdap/Td)
- ~ Data will be supplemented with data from MCIR (Michigan Care Improvement Registry)
- ~ Please refer below for "Codes to Identify Adolescent Immunizations"

Exclusions: None

Codes to Identify Adolescent Immunizations

Immunization	CPT	ICD-9-CM Procedure
<i>Meningococcal</i>	90733, 90734	
<i>Tdap</i>	90715	99.39
<i>Td</i>	90714, 90718	
<i>Tetanus</i>	90703	99.38
<i>Diphtheria</i>	90719	99.36

*Previous adolescent immunization measurements included HEDIS specifications from 2007. HEDIS retired the adolescent immunization measure in 2008. HEDIS revised and reinstated the measure with the 2010 specifications.

**HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications

#8 Childhood Immunization Status - percentage of members 2 years of age who received *four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday*

Source: HEDIS

Eligible population: Members who turn two years of age during the measurement period with medical coverage

Continuous enrollment: Members must be continuously enrolled 12 months prior to the child's 2nd birthday. No more than one gap in enrollment of up to 30* days during the 12 months prior to the child's second birthday is allowed.

Denominator: Eligible population.

Numerator: Does not include any of the following that were administered prior to 42 days after birth

~ At least four DTaP vaccinations, with different dates of service (do not count any vaccination administered prior to 42 days after birth) **AND**

~ Three IPV vaccinations, with different dates of service (do not count any IPV administered prior to 42 days after birth) **AND**

~ One MMR vaccination **AND**

~ *At least three HiB vaccinations, with different dates of service on or before the child's second birthday.*

HiB administered prior to 42 days after birth cannot be counted.

~ Two hepatitis B vaccinations, with different dates of service **AND**

~ One VZV vaccination **AND**

~ Four pneumococcal conjugate vaccinations, with different dates of service **AND**

~ Two hepatitis A vaccinations, with different dates of service **AND**

~ *The child must receive the required number of rotavirus vaccinations on different dates of service on or before the second birthday. Do not count a vaccination administered prior to 42 days after birth. The following vaccine combinations are compliant:*

- *Two doses of the two-dose vaccine, or*
- *One dose of the two-dose vaccine and two doses of the three-dose vaccine, or*
- *Three doses of the three-dose vaccine. AND*

~ *Two influenza vaccinations, with different dates of service on or before the child's second birthday.*

Do not count a vaccination administered prior to six months (180 days) after birth. AND

~ Combinations 2-10 (see "Combination Vaccinations for Childhood Immunization Status")

Exclusions: None. Optional HEDIS exclusions not used.

Codes to Identify Childhood Immunizations

Immunization	CPT	HCPDS	ICD-9-CM Diagnosis**	ICD-9-CM Procedure
DTaP	90698, 90700, 90721, 90723			99.39
IPV	90698, 90713, 90723			99.41
MMR	90707, 90710			99.48
Measles and rubella	90708			
Measles	90705		055	99.45

Evidence Based Care Report (EBCR) Measure Specifications

#8 Childhood Immunization Status - percentage of members 2 years of age who received *four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday*

Mumps	90704		072	99.46
Rubella	90706		056	99.47
HiB	90645 - 90648, 90698, 90721, 90748			
Hepatitis B***	90723, 90740, 90744, 90747, 90748	G0010	070.2, 070.3, V02.61	
VZV	90710, 90716		052, 053	

Codes to Identify Childhood Immunizations continued

Pneumococcal conjugate	90669	G0009		
Hepatitis A	90633		070.0, 070.1	
Rotavirus (two doses schedule)	90681			
Rotavirus (three dose schedule)	90680			
Influenza	90655, 90657, 90661, 90662	G0008		99.52

Combination Vaccinations for Childhood Immunization Status

Combination	DTaP	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Influenza
Combination 2	X	X	X	X	X	X				
Combination 3	X	X	X	X	X	X	X			
Combination 4	X	X	X	X	X	X	X	X		
Combination 5	X	X	X	X	X	X	X		X	
Combination 6	X	X	X	X	X	X	X			X
Combination 7	X	X	X	X	X	X	X	X	X	
Combination 8	X	X	X	X	X	X	X	X		X
Combination 9	X	X	X	X	X	X	X		X	X
Combination 10	X	X	X	X	X	X	X	X	X	X

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**ICD-9-CM Diagnosis codes indicates evidence of disease.

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

Evidence Based Care Report (EBCR) Measure Specifications**#9 Well-Child Visits in the First 15 Months of Life - percentage of members who turned 15 months old during the measurement period who have had 5 or more well-child visits**

Source: *HEDIS modified**

Eligible population: Members 15 months old during the measurement period.

Continuous enrollment: Members must be continuously enrolled 31 days through 15 months of age.

~ Calculate 31 days of age by adding 31 days to the child's date of birth.

~ Calculate the 15-month birthday as the child's first birthday plus 90 days.

~ For example, a child born on January 9, 2007, and included in the rate of 5 or more well-child visits, must have had 5 well-child visits by April 9, 2008.

Denominator: Eligible population.

Numerator: Members with claims for well-child visits with a PCP summing greater than or equal to 5 during their first 15 months of life.

~ Does not have to be the member's assigned PCP.

~ A child who had a claim or encounter with a code listed below in "Codes to Identify Well-Child Visits" is considered to have received a well-child visit.

Exclusions: None.

Codes to Identify Well-Child Visits

CPT	ICD-9-CM Diagnosis	
99381, 99382, 99391, 99392, 99432, 99461	V20.2, V20.3 , V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	

* BCBSM has modified the Numerator from *HEDIS 2010* by using 5 well-child visits as the threshold number for the measure (as opposed to the HEDIS stated 6 well-child visits).

Evidence Based Care Report (EBCR) Measure Specifications

#10 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life - percentage of members who had at least one well-child visit with a PCP during the measurement period

Source: HEDIS

Eligible population: Members 3-6 years of age as of the end of the measurement period.

Continuous enrollment: Members must be continuously enrolled during the measurement period. No more than one gap in enrollment of up to 30* days during the continuous enrollment period.

Denominator: Eligible population.

Numerator: At least one well-child visit with a PCP during the measurement year.

~ Does not have to be the member's assigned PCP.

~ A child who had a claim or encounter with a code listed below in "Codes to Identify Well-Child Visits" is considered to have received a well-child visit.

Exclusions: None.

Codes to Identify Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications (*Retired for 2010 Program Year*)

#11 Use of Spirometry Testing in the Assessment and Diagnosis of COPD - percentage of members with a new diagnosis of COPD who received a spirometry test to confirm diagnosis

Source: HEDIS

Eligible population: Members 42 years of age and older as of the last day of the report period with medical coverage

- ~ Identify members with any diagnosis of Chronic Obstructive Pulmonary Disease (COPD) during the intake period (12 month window starting the first day of the measurement period and ends on the last day of the measurement period). If member has multiple diagnoses of COPD use only the first one.
- ~ Includes members age 65 and older, even if the member has Medicare.
- ~ Test for negative diagnosis history. Exclude members with a claim/encounter with COPD diagnosis in 730 days (2 years) prior to index episode.

Continuous enrollment: Members must be continuously enrolled 730 days prior to and 180 days after the index episode. One gap in enrollment of up to 30* days is allowed in each of the 12-month periods prior to the IESD or in the 6-month period after the IESD, for a maximum of two gaps total.

~ The index episode is the earliest diagnosed episode date of COPD. If more than one encounter occurred for the member, include only the first encounter. One gap in enrollment of up to 45 days is allowed in each of the 12-month periods prior to the IESD or in the 6-month period after the IESD, for a maximum of two gaps total.

~ Negative COPD diagnosis during the 730 days prior to the IESD.

Index Episode Start Date (IESD): *The earliest date of service for an eligible visit during the Intake Period with any diagnosis of COPD.*

- *For an outpatient claim/encounter, the IESD is the date of service.*
- *For an acute inpatient claim/encounter, the IESD is the date of discharge.*
- *For a transfer or readmission, the IESD is the discharge date of the original admission*

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.*

For an outpatient claim/encounter - the index episode date is the date of service.

For an inpatient (acute or nonacute) claim - the index episode date is the date of discharge.

For a transfer or readmission - the index episode date is the discharge date of original admission.

Denominator: Eligible population.

Numerator: One or more claims/encounters billed procedure codes for spirometry in the 730 days before and 180 days after the index episode.

~ The claim/encounter contains any one of the codes mentioned below in "Codes to Identify COPD".

Exclusions: None.

Codes to Identify COPD		Codes to Identify Spirometry Testing	
Description	ICD-9-CM Diagnosis	Description	CPT
Chronic bronchitis	491	Spirometry	94010, 94014 - 94016, 94060, 94070, 94375, 94620
Emphysema	492		
COPD	496		

Evidence Based Care Report (EBCR) Measure Specifications (*Retired for 2010 Program Year*)**#11 Use of Spirometry Testing in the Assessment and Diagnosis of COPD - percentage of members with a new diagnosis of COPD who received a spirometry test to confirm diagnosis*****Codes to Identify Visit Type***

Description	CPT	UB codes
<i>Outpatient</i>	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	051x, 0520-0523, 0526-0529, 057x-059x, 082x-085x, 088x, 0982, 0983
<i>Acute inpatient</i>	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, 080x, 0987
<i>ED</i>	99281-99285	045x, 0981

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications (Retired for 2011 Program Year)**#12 Congestive Heart Failure: 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**Eligible population:** Members 18-75 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 75 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**Codes to Identify LDL-C Tests****CPT Codes**

80061, 83700, 83701, 83704, 83721, 83715, 83716

Codes to Identify Heart Failure**CPT Codes**

80061, 83700, 83701, 83704, 83721, 83715, 83716

ICD-9 Codes

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,

0118, 0128, 0138, 0148, 0158, 019x, 055x, 066x, 010x,

99261 - 263, 99291

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 Report (EBCR) Measure Specifications

#13 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 18-75 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. No more than one gap up to 30* days in continuous enrollment.

Denominator: Members age 18-75 years as of the end of the measurement period with one of the following during the measurement year and the year prior to the measurement year.

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

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 as far back as possible 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 as far back as possible 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	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	746.3, 746.81, 747.22		
Renal artery stenosis	440.1		

Evidence Based Care Report (EBCR) Measure Specifications				
#13 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*				
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	
<i>Renal failure</i>	<i>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, 584.8, 584.9, 585.00 - 585.99, 586.00 - 586.99, 788.5</i>			
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 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	trandopril-verapamil	
	captopril-hydrochlorothiazide	hydrochlorothiazide-moexipril	amlodipine-olmesartan	
	enalapril-hydrochlorothiazide	hydrochlorothiazide-quinapril	amlodipine-valsartan	

Evidence Based Care Report (EBCR) Measure Specifications			
#13 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*			
Angiotensin Receptor Blocker Medications			
Description	Prescription		
Angiotensin II inhibitors	candesartan	olmesartan	
	eprosartan	telmisartan	
	irbesartan	valsartan	
	losartan		
Antihypertensive combinations	candesartan-hydrochlorothiazide	hydrochlorothiazide-losartan	hydrochlorothiazide-telmisartan
	eprosartan-hydrochlorothiazide	hydrochlorothiazide-olmesartan	hydrochlorothiazide-valsartan
	hydrochlorothiazide-irbesartan		
Codes to Identify Visit Type			
Description	CPT Codes		Revenue Codes
Acute Inpatient Admissions	99221 - 99223, 99231 - 99233, 99238 - 99239, 99251 - 99255, 99261 - 99263, 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, 021x 072x, 0987
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, 99499		051x, 052x, 057x - 059x, 0982 - 83

*ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidence Based Care Report (EBCR) Measure Specifications

#14 Congestive Heart Failure: ACE/ARB Continuation and Persistence - percentage of members 18 years of age and older who were hospitalized with heart failure who received ACE/ARB therapy for 6 months after discharge*

Source: BCBSM

Eligible population: Members 18-75 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", **OR**

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

~ 2 outpatient encounters, **OR**

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

~ Please refer below to "Inpatient Admission", "ER Visit", and "Outpatient or Office Encounter/Visit in Any Setting" for applicable procedure codes of inclusion

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

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

~ Please refer below to "Codes to Identify Exclusions" for contraindicating conditions codes

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

Inpatient Admission

Facility and Professional Claims

1) Facility Claims - Revenue Codes (for acute and non acute admissions)

0118, 0128, 0138, 0148, 0158, 019x, 055x, 066x, 010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149 - 0154, 0159, 016x, 020x, 021x, 072x, 0987

2) Professional Claims - CPT codes (for acute and non acute admissions)

99221 - 99223, 99231 - 99233, 99238 - 99239, 99251 - 99255, 99261 - 99263, 99291

ER Visit

Facility and Professional Claims

1) Facility Claims - Revenue Codes

045x, 0981

2) Professional Claims - CPT Codes

99281 - 99285

Outpatient or Office Encounter/Visit in Any Setting

Facility and Professional Claims

1) Facility Claims - Revenue Codes

051x, 052x, 057x - 059x, 0982 - 0983

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, 99499

Evidence Based Care Report (EBCR) Measure Specifications

#14 Congestive Heart Failure: ACE/ARB Continuation and Persistence - percentage of members 18 years of age and older who were hospitalized with heart failure who received ACE/ARB therapy for 6 months after discharge*

Angiotensin Converting Enzyme Medications

Description	Prescription
Angiotensin Converting Enzyme	benazepril enalapril lisinopril perindopril ramipril captopril fosinopril moexipril quinapril trandolapril
Antihypertensive combinations	amlodipine-benazepril <i>trandolapril-verapamil</i> hydrochlorothiazide-lisinopril <i>amlodipine-olmesartan</i> benazepril-hydrochlorothiazide enalapril-hydrochlorothiazide hydrochlorothiazide-moexipril <i>amlodipine-valsartan</i> captopril-hydrochlorothiazide fosinopril-hydrochlorothiazide hydrochlorothiazide-quinapril

Angiotensin Receptor Blocker Medications

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

Codes to Identify Exclusions

Description	ICD-9-CM Diagnosis
Hypotension	458.0, 458.1, 458.89, 458.9, 796.3
Hyperkalemia	276.7
Renal Artery Stenosis	440.1
Syphilitic endocarditis, pericarditis, myocarditis	093.2 - 093.22
Congenital aortic stenosis, congenital mitral stenosis, sub aortic stenosis, atresia and stenosis of aorta	746.3, 746.5, 746.81, 747.22
Renal Failure	403.01, 403.11, 403.91, 404.02, 404.12, 404.13, 404.92, 404.93, 584.5, 584.6, 584.7, 584.8, 584.9, 585, 586, 788.5, 958.5
Pregnancy	631.xx - 639.xx, 640.xx - 648.99, 650.xx, 651.xx - 656.99, 657 - 659.99, 660.xx - 677.xx, V22.0 - V23.9, V24, V27.xx, V28
Angioneurotic edema	995.1, 277.6
Rheumatic Fever with heart involvement	391.xx, 398.91
Kidney transplant	996.8, V42.0

*ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidenced Based Care Report (EBCR) Measure Specifications**#15 Persistence of Beta Blocker Treatment After a Heart Attack - percentage of members 18 years of age and older who were hospitalized with an acute myocardial infarction (AMI) who received a beta blocker for 6 months after discharge****Source:** HEDIS**Eligible population:** Members 18 years of age and older as of the end of the measurement period
~ Discharged alive from an acute inpatient setting with an Acute Myocardial Infarction (AMI)**Continuous enrollment:** Members must be continuously enrolled from their discharge date through 180 days after discharge, with both medical and pharmacy coverage and no more than one gap in coverage of up to 30* days**Denominator:** Eligible population**Numerator:** Greater than or equal to 135 dispensed days supply of beta-blockers in the 180 days following discharge
~ Please refer below for a list of "Beta-Blocker Medications"**Exclusions:** Members identified as having a contraindication to or adverse reaction to beta-blocker therapy
~ Please refer below for "Codes to Identify Exclusions"**Codes to Identify AMI**

Description	ICD-9-CM Diagnosis
AMI	410.x1

Beta-Blocker Medications

Description	Prescription
Non-cardioselective beta-blockers	carteolol labetalol penbutolol propranolol timolol carvedilol nadolol pindolol sotalol
Cardioselective beta-blockers	acebutolol betaxolol metoprolol atenolol bisoprolol nebivolol
Antihypertensive combinations	atenolol-chlorthalidone bisoprolol-hydrochlorothiazide hydrochlorothiazide-propranolol bendroflumethiazide-nadolol hydrochlorothiazide-metoprolol

Codes to Identify Exclusions

Description	Prescription	ICD-9-CM Diagnosis
History of Asthma	Inhaled corticosteroids	493
Hypotension		458
Heart Block greater than first degree		426.0, 426.12, 426.13, 426.2-426.4, 426.51 - 426.54, 426.7
Sinus bradycardia		427.81
COPD		491.2, 496, 506.4

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications			
#16 Coronary Artery Disease: LDL-C Screening- percentage of members between 18 and 75 years of age with coronary artery disease who had an LDL-C screening			
<i>Source: MQIC</i>			
Eligible population: Members 18-75 years of age as of the end of measurement period			
Continuous enrollment: The measurement year and the year prior to the measurement year. No more than a 30* day gap in continuous enrollment.			
Denominator: Members between 18 and 75 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: Members having Coronary Artery Disease (CAD) 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 <i>two</i> outpatient services, professional or facility, with a primary ICD-9 Diagnosis of CAD OR			
b) At least one inpatient admission discharged alive with a primary or secondary ICD-9 diagnosis of CAD			
Numerator: One or more claims for an LDL-C test during measurement year			
Note: AMI and CABG cases should be from inpatient claims only; all PTCA cases, regardless of setting (e.g., inpatient, outpatient, and emergency room) should be included.			
Codes to Identify LDL-C Tests			
CPT			
80061, 83700, 83701, 83704, 83721			
Codes to Identify AMI			
Description	ICD-9-CM Diagnosis		
AMI	410.x1		
Codes to Identify CABG			
Description	ICD-9-CM Procedure	HCPCS	CPT
CABG	36.1x or 36.2x	S2205 - S2209	33510 - 33514, 33516 - 33519, 33521 - 33523, 33533 - 33536

Evidence Based Care Report (EBCR) Measure Specifications		
#16 Coronary Artery Disease: LDL-C Screening- percentage of members between 18 and 75 years of age with coronary artery disease who had an LDL-C screening		
Codes to Identify PTCA		
Description	ICD-9-CM Procedure	CPT
PTCA	00.66, 36.06, 36.07, 36.09	33140, 92980, 92982, 92995
Codes to Identify Coronary Artery Disease (CAD)		
ICD-9-CM Diagnosis		
411.xx, 413.xx, 414.0x, 414.2, 414.3, 414.8x, 414.9x		
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, 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, 99381 - 99387, 99394 - 99397, 99401 - 99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 0982, 0983

Evidence Based Care Report (EBCR) Measure Specifications**#17 Coronary Artery Disease: Lipid Lowering Drug - percentage of members between 18 and 75 years of age with coronary artery disease who received a Lipid Lowering Drug during the measurement period****Source:** BCBSM**Eligible population:** Members 18-75 years of age as of the end of the measurement period**Continuous enrollment:** The measurement period and the year prior to the meas. year. No more than a 30* day gap in continuous enrollment.**Denominator:** Members between 18 and 75 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: **Members having Coronary Artery Disease (CAD)** 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**

b) At least one inpatient admission discharged alive with a primary or secondary ICD-9 diagnosis of CAD

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; all PTCA 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	36.1x or 36.2x	S2205 - S2209	33510 - 514, 33516 - 519, 33521 - 523, 33533 - 33536

Codes to Identify PTCA

Description	ICD-9-CM Procedure	CPT
PTCA	00.66, 36.06, 36.07, 36.09	33140, 92980, 92982, 92995

Codes to Identify Coronary Artery Disease (CAD)

ICD-9-CM Diagnosis

411.xx, 413.xx, 414.0x, 414.2, 414.3, 414.8x, 414.9x

Evidence Based Care Report (EBCR) Measure Specifications

#17 Coronary Artery Disease: Lipid Lowering Drug - percentage of members between 18 and 75 years of age with coronary artery disease who received a Lipid Lowering Drug during the measurement period

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, 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, 99381 - 99387, 99394 - 99397, 99401 - 99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499	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
<i>colesevelam Hcl</i>	<i>simvastatin / niacin</i>	lovastatin	simvastatin / ezetimibe
cholestyramine	<i>simvastatin / fibrate</i>	pravastatin	
colestipol HCL	simvastatin	rosuvastatin calcium	

Evidence Based Care Report (EBCR) Measure Specifications (Retired for 2010 Program Year)**#18 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 18-75 years of age as of the end of the measurement period**Continuous enrollment:** The measurement period and the year prior to the measurement period**Denominator:** Members between 18 and 75 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 the first 12 months and the second twelve months (independently) of the identification period:

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

b) At least one inpatient admission discharged alive with a primary or secondary 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**

CABG | 36.1x or 36.2x

HCPCS

S2205 - S2209

CPT

33510 - 514, 33516 - 519, 33521 - 523, 33533 - 33536

Codes to Identify PTCA**Description** | **ICD-9-CM Procedure**

PTCA | 00.66, 36.06, 36.07, 36.09

CPT

33140, 92980, 92982, 92995

Codes to Identify Ischemic Heart Disease**Description** | **ICD-9-CM Diagnosis**

IHD | 411.xx, 413.xx, 414.0x, 414.2, 414.8x, 414.9x, 429.2x, 433 - 434.xx, 440.1x, 440.2x, 440.4, 444 - 445.xx

Evidence Based Care Report (EBCR) Measure Specifications (Retired for 2010 Program Year)

#18 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*

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Inpatient Admissions	99221 - 223, 99231 - 233, 99238, 99239, 99251 - 255, 99261 - 263, 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 - 05, 99211 - 15, 99217 - 220, 99241 - 45, 99341 - 45, 99347 - 350, 99381 - 87, 99394 - 97, 99401 - 04, 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 Calcuim	Simvastatin
pitavastatin	Advicor (combo)	Caduet (combo)	Vytorin (combo)

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

Evidence Based Care Report (EBCR) Measure Specifications

#19 Atrial Fibrillation/Atrial Flutter: Chronic Anticoagulation Therapy - percentage of patients aged 18 years and older with diagnosis of non-valvular atrial fibrillation (AF) or atrial flutter at high risk for thromboembolism who were prescribed warfarin

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. No more than a 30* day gap in continuous enrollment.

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

~ 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", **OR**

~ 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 **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)

Excluded Populations: Patients with valvular Atrial Fibrillation, patients with only 1 moderate risk factor, pregnant patients

Risk Factors (Based on CHADS Scoring)	Weighting
Prior Stroke, TIA, or system embolism	High Risk
Hypertension	Moderate
Diabetes Mellitus	Moderate
Left Heart Failure or Systolic Heart Failure	Moderate

Numerator: All patients in the denominator that filled at least 1 prescription for warfarin

Prescriptions to Identify Warfarin

Coumadin, warfarin

Codes to Identify Pregnant Patients (Excluded population from the Denominator)

ICD-9 Codes 631.xx - 639.xx, 640.xx - 648.99, 650.xx, 651.xx - 656.99, 657 - 659.99, 660.xx - 677.xx, V22.0 - V23.9, V24, V27.xx, V28

#19 Atrial Fibrillation/Atrial Flutter: Chronic Anticoagulation Therapy - percentage of patients aged 18 years and older with diagnosis of non-valvular atrial fibrillation (AF) or atrial flutter at <u>high risk</u> for thromboembolism who were prescribed warfarin						
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						
Risk Factors for Stroke in patients with AF						
High Risk Factors	Associated CPT-Codes	Associated ICD-9 Codes	Moderate Risk Factors	Associated CPT-Codes	Associated ICD-9 Codes	
Prior Stroke	92982-92984 (angioplasty), 33572, 33916	435.x, 436.x, 437.0	Hypertension		401	
TIA		V12.59	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	99221 - 99223, 99231 - 99233, 99238 - 99239, 99251 - 99255, 99291		0118, 0128, 0138, 0148, 0158, 019x, 055x, 066x, 010x,			
Admission			0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149 - 0150 - 0154, 0159, 016x,			
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,		051x, 052x, 057x - 059x, 077x, 0982 - 83			

Evidence Based Care Report (EBCR) Measure Specifications

#20 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 30* 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 Afib 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

CPT Codes

85610

Codes to Identify Afib and atrial flutter

ICD-9-CM Diagnosis

427.31, 427.32

Prescriptions to Identify Warfarin

Coumadin, warfarin

#20 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

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Acute Inpatient Admission	99221 - 99223, 99231 - 99233, 99238 - 99239, 99251 - 99255, 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 - 022x, 072x, 0987
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 Report (EBCR) Measure Specifications

#21 Coronary Artery Disease (CAD): Cardiac Rehabilitation: proportion of patients that have been discharged from hospitalization who have a qualifying event/dx and have attended a Cardiac Rehabilitation (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 occurs in the first year of the 2-year measurement period and the CR event occurs in the 1st or 2nd year of the measurement period as long as it follows the qualifying event; member can have up to a 30 day gap in continuous enrollment

Denominator: Unique members between 18 and 64 years of age and older as of the end of the the measurement period
 ~ 1 inpatient admission codes with a primary or secondary diagnosis **or** CPT code identified by using codes below in "Codes to identify Acute MI/acute coronary syndrome...." or in "CPT codes to identify acute MI/Acute coronary syndrome....",
 ~Number of hospitalized patients in the reporting period hospitalized with a qualifying event/diagnosis

Numerator: Number of patients in the denominator discharged due to an acute event who attended an outpatient cardiac rehabilitation (CR) program after the acute event

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, 414.05, 414.06, 414.07, 414.8, 414.9 (Other forms of chronic ischemic heart disease)

DRG Code	DRG Description
002	Heart transplant or implant of heart assist system w/o 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
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
232	Coronary bypass w PTCA w/o MCC
251	Perc cardiovasc proc w/o coronary artery stent or AMI w/o MCC
282	Acute myocardia infarction, discharged alive w/o CC/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

Evidence Based Care Report (EBCR) Measure Specifications

#21 Coronary Artery Disease (CAD): Cardiac Rehabilitation: proportion of patients that have been discharged from hospitalization who have a qualifying event/dx and have attended a Cardiac Rehabilitation (CR) program

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

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
001	Heart transplant or implant of heart assist system w MCC
216	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC
219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC
231	Coronary bypass w PTCA w MCC
228	Other cardiothoracic procedures w MCC
237	Major cardiovascular procedures w MCC
238	Major cardiovascular procedures w/o MCC
280	Acute myocardial infarction, discharged alive w MCC
281	Acute myocardial infarction, discharged alive w CC
291	Heart failure & shock w MCC
302	Atherosclerosis w MCC
303	Atherosclerosis w/o MCC
311	Angina pectoris
248	Percutaneous cardiovasc proc w non-drug-eluting stent w MCC
249	Percutaneous cardiovasc proc w non-drug-eluting stent w/o MCC
246	Percutaneous cardiovascular proc w drug-eluting stent w MCC
247	Percutaneous cardiovascular proc w drug-eluting stent w/o MCC

CPT Codes to Identify Acute MI/acute coronary syndrome, CABG, PCI, Stable Angina (add heart valve and transplant info), Heart Valve Procedures and Heart or heart/lung Transplantation

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

Evidence Based Care Report (EBCR) Measure Specifications		
#21 Coronary Artery Disease (CAD): Cardiac Rehabilitation: proportion of patients that have been discharged from hospitalization who have a qualifying event/dx and have attended a Cardiac Rehabilitation (CR) program		
CPT codes for cardiac rehabilitation programs		
93797-93798		
Codes to Identify Visit Type		
Description	CPT Codes	Revenue Codes
Acute Inpatient Admission	99221 - 99223, 99231 - 99233, 99238 - 99239, 99251 - 99255, 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 - 022x, 072x, 0987
If a patient has more than one qualifying admission, the patient is entered in the numerator once if the patient has had mutple CRs following admission. Only need one CR episode to get into the numerator.		

Evidence Based Care Report (EBCR) Measure Specifications

Diabetes Denominator Detail

Source: HEDIS

Eligible population: Members 18-75 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 30* days.

Denominator: Members between 18 and 75 years of age as of the end of 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

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

Prescriptions to Identify People with Diabetes

Description	Prescription	
Alpha-glucosidase inhibitors	acarbose	miglitol
Amylin analogs	pramlinitide	
Antidiabetic combinations	glimepiride-pioglitazone glimepiride-rosiglitazone glipizide-metformin glyburide-metformin	metformin-pioglitazone metformin-rosiglitazone metformin-sitagliptin
Insulin	insulin aspart insulin aspart-insulin aspart protamine insulin detemir insulin glargine insulin glulisine insulin inhalation insulin isophane beef-pork insulin isophane human insulin isophane pork insulin isophane-insulin regular	insulin lispro insulin lispro-insulin lispro protamine insulin regular beef-pork insulin regular human insulin regular pork insulin zinc beef-pork insulin zinc extended human insulin zinc human insulin zinc pork
Meglitinides	nateglinide	repaglinide

Evidence Based Care Report (EBCR) Measure Specifications			
Diabetes Denominator Detail			
Description	Prescription		
Miscellaneous antidiabetic agents	exenatide	pramlintide	sitagliptin
Sulfonylureas	acetohexamide chlorpropamide glimepiride	glipizide glyburide	tolazamide tolbutamide
Thiazolidinediones	pioglitazone	rosiglitazone	
Note: <i>Glucophage/metformin is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis coding only.</i>			
Claim/encounter data. Members who had two face-to-face encounters with a diagnosis of diabetes (see "Codes to Identify Diabetes" table) on different dates of service in an outpatient setting or nonacute inpatient setting, or one face-to-face encounter in an acute inpatient or ED setting during the measurement year or the year prior to the measurement year. The organization may count services that occur over both years.			
Codes to Identify Diabetes			
Description	ICD-9-CM Diagnosis		
Diabetes	250, 357.2, 362.0, 366.41, 648.0		
Codes to Identify Visit Type			
Description	CPT	UB Revenue	
Outpatient	92002, 92004, 92012, 92014, 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 082x-085x, 088x, 0982, 0983	
Nonacute inpatient	99304-99310, 99315, 99316, 99318, 99324-99328 99334-99337	0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x	
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, 080x, 0987	
ED	99281-99285	045x, 0981	

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications

#22 Diabetes: HbA1c Testing - percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had an HbA1c test

Source: HEDIS

Eligible population: Members between 18 and 75 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 30* days.

Denominator: Members between 18 and 75 years of age by the end of 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 **OR**
 ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **OR**
 ~ A prescription for amylin analogs

Numerator: 1 or more claims for an HbA1c test performed during the measurement year

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

Codes to Identify HbA1c Tests

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

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications

#23 Diabetes: LDL-C Screening Test - percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had a LDL-C screening

Source: HEDIS

Eligible population: Members between 18 and 75 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 30* days.

Denominator: Members between 18 and 75 years of age as of the end of 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 **OR**
 ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **OR**
 ~ A prescription for amylin analogs

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

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

Codes to Identify LDL-C Tests

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

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications

#24 Diabetes: Monitor for Nephropathy - percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test

Source: HEDIS

Eligible population: Members between 18–75 years 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 1 gap in coverage of up to 30* days

Denominator: Members between 18–75 years as of the end of 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 **OR**
 ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **OR**
 ~ A prescription for amylin analogs

Numerator: Nephropathy screening test or evidence of nephropathy

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

Codes to Identify Nephropathy

Description	CPT	CPT Category II**	
Nephropathy screening test	82042, 82043, 82044, 84156	3060F, 3061F	

Evidence Based Care Report (EBCR) Measure Specifications								
#24 Diabetes: Monitor for Nephropathy - percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test								
Codes to Identify Evidence of Nephropathy								
Description	CPT	CPT Category II*	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	UB Type	POS
Urine macro-albumin test*	81000 - 81003, 81005	3062F						
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, 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	250.4, 403, 404, 405.01, 405.11, 405.91, 580 - 588, 753.0, 753.1, 791.0, V42.0, V45.1, V56	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	72x	65
ACE inhibitor/ARB therapy		4009F						

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**A CPT Category II code indicates a positive result for urine macroalbumin; the organization must use automated laboratory data to confirm a positive result for tests identified by CPT or LOINC codes

Evidence Based Care Report (EBCR) Measure Specifications

#25 Diabetes: Lipid Lowering Drug Rate - percentage of members 40 through 75 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 40-75 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 30* days

Denominator: Members between 40 and 75 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: 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	ezetimibe	lovastatin	
niacin	<i>simvastatin / niacin</i>	pravastatin	
<i>colesevelam Hcl</i>	<i>simvastatin / fibrate</i>	rosuvastatin calcium	
cholestyramine	simvastatin	lovastatin / niacin	
colestipol HCL	atorvastatin	atorvastatin / amlodipine	
cholestyramine / aspartame	fluvastatin	simvastatin / ezetimibe	

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidenced Based Care Report (EBCR) Measure Specifications (Retired for 2010 Program Year)**#26 Diabetes: 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 40-75 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 30** days**Denominator:** Members between 40 and 75 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 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)

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

**HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidenced Based Care Report (EBCR) Measure Specifications

#27 Diabetes: 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 75 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 30* days.

Denominator: Members between 18 and 75 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 as far as possible 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 as far as possible 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

Evidenced Based Care Report (EBCR) Measure Specifications				
#27 Diabetes: 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				
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

Evidenced Based Care Report (EBCR) Measure Specifications				
#27 Diabetes: 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				
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-olmesartan	
			amlodipine-valsartan	
Angiotensin Receptor Blocker (ARB) Medications**				
Description	Prescription			
Angiotensin II inhibitors	candesartan	losartan	valsartan	
	eprosartan	olmesartan		
	irbesartan	telmisartan		
Antihypertensive combinations	candesartan-hydrochlorothiazide		hydrochlorothiazide-olmesartan	
	eprosartan-hydrochlorothiazide		hydrochlorothiazide-telmisartan	
	hydrochlorothiazide-irbesartan		hydrochlorothiazide-valsartan	
	hydrochlorothiazide-losartan			

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidence Based Care Report (EBCR) Measure Specifications

#28 Diabetes: 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 75 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 30* days

Denominator: Members between 18 and 75 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 as far as possible 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 as far as possible in member's history through the measurement year.

Evidence Based Care Report (EBCR) Measure Specifications

#28 Diabetes: ACE/ARB Use with Comorbid Nephropathy - percentage of members with a diagnosis of diabetes with comorbid nephropathy who received ACE/ARB therapy

Codes to Identify Evidence of Nephropathy

Description	CPT	CPT Category	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	UB Type of	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, 39.27, 39.42, 39.43, 39.53, 39.93 - 39.95, 54.98, 55.4 - 55.6	0367, 080x, 082x - 085x, 088x	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		

Evidence Based Care Report (EBCR) Measure Specifications

#28 Diabetes: ACE/ARB Use with Comorbid Nephropathy - percentage of members with a diagnosis of diabetes with comorbid nephropathy who received ACE/ARB therapy

Renal artery stenosis	440.1		
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Evidence Based Care Report (EBCR) Measure Specifications				
#28 Diabetes: ACE/ARB Use with Comorbid Nephropathy - percentage of members with a diagnosis of diabetes with comorbid nephropathy who received ACE/ARB therapy				
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 - 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	moexipril	trandolapril	
	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			

Evidence Based Care Report (EBCR) Measure Specifications			
#28 Diabetes: ACE/ARB Use with Comorbid Nephropathy - percentage of members with a diagnosis of diabetes with comorbid nephropathy who received ACE/ARB therapy			
Angiotensin Receptor Blocker (ARB) Medications***			
Description	Prescription		
Angiotensin II inhibitors	candesartan	losartan	valsartan
	eprosartan	olmesartan	
	irbesartan	telmisartan	
Antihypertensive combinations	candesartan-hydrochlorothiazide	hydrochlorothiazide-olmesartan	
	eprosartan-hydrochlorothiazide	hydrochlorothiazide-telmisartan	
	hydrochlorothiazide-irbesartan	hydrochlorothiazide-valsartan	
	hydrochlorothiazide-losartan		

* HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

***ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidence Based Care Report (EBCR) Measure Specifications

#29 Diabetes: ACE/ARB Use with Comorbidity 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 75 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 30* days

Denominator: Between 18 and 75 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 as far as possible 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 as far as possible in member's history through the measurement year.**

Codes to Identify Hypertension

ICD-9 CM Diagnosis

401.xx

Evidence Based Care Report (EBCR) Measure Specifications				
#29 Diabetes: ACE/ARB Use with Comorbidity Hypertension - percentage of members with a diagnosis of diabetes with comorbid hypertension who received ACE/ARB therapy				
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 - 90947, 90989 - 90999		800 - 804, 809, 820 - 825, 829 - 835, 839 - 845, 849 - 855, 859 - 882, 889

Evidence Based Care Report (EBCR) Measure Specifications			
#29 Diabetes: ACE/ARB Use with Comorbidity Hypertension - percentage of members with a diagnosis of diabetes with comorbid hypertension who received ACE/ARB therapy			
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	
		amlodipine-valsartan	
Angiotensin Receptor Blocker (ARB) Medications**			
Description	Prescription		
Angiotensin II inhibitors	candesartan	losartan	valsartan
	eprosartan	olmesartan	
	irbesartan	telmisartan	
Antihypertensive combinations	candesartan-hydrochlorothiazide	hydrochlorothiazide-olmesartan	
	eprosartan-hydrochlorothiazide	hydrochlorothiazide-telmisartan	
	hydrochlorothiazide-irbesartan	hydrochlorothiazide-valsartan	
	hydrochlorothiazide-losartan		

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidence Based Care Report (EBCR) Measure Specifications

#30 Use of Imaging Studies for Low Back Pain - percentage of members with a diagnosis of low back pain who did not have an imaging study in the 28 days following the initial diagnosis

Source: HEDIS

Eligible population: Members 18 years of age as of the first day of the measurement period to 50 years as of the end of the measurement period
 ~ Must have had an outpatient or ED visit with a primary diagnosis of low back pain identified by using codes below in "Codes to Identify Low Back Pain" **AND** "Codes to Identify Visit Type".

Continuous enrollment: Members must be continuously enrolled 180 days prior to the index episode date through 28 days after the index episode date.
 ~ The index episode is the earliest diagnosed date of low back pain in an ED or any outpatient setting. If more than one encounter occurred for the member, include only the first encounter.

Denominator: Eligible population

Numerator: An imaging study conducted on the index episode date or in the 28 days following the index episode date
 ~ A diagnosis code from "Codes to Identify Low Back Pain" must be in conjunction with a procedure code from "Codes to Identify Imaging Studies".

Calculation: The calculation is an inverted rate*: [1 - (Numerator/Eligible population)]. A higher score indicates appropriate treatment of low back pain.
 * The "inverted rate" is calculated "by difference" which means subtracting the percentage score, found by dividing Numerator by Eligible population, from 1.

Exclusions: Members with any low back pain diagnosis during the 180 days (6 months) prior to the index episode date. Also exclude members with cancer, recent trauma, intravenous drug abuse, and neurological impairment diagnoses.
 ~ Please refer below for "Codes to Identify Exclusions"

Codes to Identify Low Back Pain			Codes to Identify Exclusions	
ICD-9-CM Diagnosis			Description	ICD-9-CM Diagnosis
721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.2, 724.3, 724.5, 724.6, 724.7, 738.5, 739.3, 739.4, 846, 847.2			Cancer	140 - 209, 230 - 239
Codes to Identify Visit Type			Trauma	800 - 839, 850 - 854, 860 - 869, 905 - 909, 926.11, 926.12, 929, 952, 958 - 959
Description	CPT	UB Revenue	IV drug abuse	304.0, 304.1x, 304.2x, 304.4x, 305.4x, 305.5x, 305.6x, 305.7x
Outpatient	98925 - 98929, 98940 - 98942, 99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99345, 99347 - 99350,	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 0982, 0983	Neurologic impairment	344.60, 729.2

Evidence Based Care Report (EBCR) Measure Specifications

#30 Use of Imaging Studies for Low Back Pain - percentage of members with a diagnosis of low back pain who did not have an imaging study in the 28 days following the initial diagnosis

Codes to Identify Visit Type

Description	CPT <i>continued</i>	UB Revenue
Outpatient	99385, 99386, 99395, 99396, 99401 - 99404, 99411, 99412, 99420, 99429, 99455, 99456	
Emergency Department	99281 - 99285	045x, 0981

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

Evidence Based Care Report (EBCR) Measure Specifications

#31 Antidepressant Medication Management - 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 the first four months of the measurement period

Continuous enrollment: 120 days prior to the IESD (Index Episode Start Date) through 245 days after the IESD. Please note there is a 30-day allowed gap in treatment for the ACUTE measure and a 51-day gap allowed in treatment for the CONTINUOUS measure.

Denominator: Members 18 years of age and older as of April 30 of the measurement year:

- ~ At least one principal diagnosis of major depression in any 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 acute or nonacute inpatient discharge with any diagnosis of major depression **AND**
- ~ Negative diagnosis history **AND**
- ~ Negative medication history

Numerator: Acute - Continuous treatment with an antidepressant medication for at least 12 weeks
 Continuous - Continuous treatment with an antidepressant medication for at least 6 months

Codes to Identify Visit Type

Description	CPT	UB Revenue	HCPCS
ED	99281 - 99285	045x, 0981	
Outpatient, intensive outpatient and partial hospitalization	90804 - 90815, 98960 - 98962, 99078,	0510, 0513, 0515 - 0517,	G0155, G0176, G0177, H0002,
	99201 - 99205, 99211 - 99215, 99217 - 99220,	0519 - 0523, 0526 - 0529,	H0004, H0031, H0034 - H0037,
	99241 - 99245, 99341 - 99345, 99347 - 99350,	0900, 0901 - 0905,	H0039, H0040, H2000, H2001,
	99384-99387, 99394 - 99397, 99401 - 99404,	0907, 0911 - 0917, 0919,	H2010 - H2020, M0064, S0201,
99411, 99412, 99510	0982, 0983	S9480, S9484, S9485	

Evidence Based Care Report (EBCR) Measure Specifications

#32 Medication Management: Annual Monitoring for Patients on Persistent Medications - percentage of members 18 years of age and older who received at least a 180-days supply 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 the end of the measurement period

Continuous enrollment: The measurement period with both medical and pharmacy coverage (the member may have a 1-month gap in coverage)

Rate 1: Annual Monitoring for Members on ACE Inhibitors or ARBs

Denominator: Members who received at least a 180-days supply of ACE inhibitors or ARBs, during the measurement period. Note: Members may switch therapy with any medication listed below 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).

Numerator: At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement period. Member must meet one of the following criteria:

- code for a lab panel testing during the measurement year **OR**
- code for a serum potassium AND a code for serum creatinine during the measurement year **OR**
- code for serum potassium AND a code for blood urea nitrogen during the measurement year

ACE Inhibitors/ARBs

Description	Prescription		
Angiotensin Converting Enzyme Medications inhibitors	benazepril	lisinopril	ramipril
	captopril	moexipril	trandolapril
	enalapril	perindopril	
	fosinopril	quinapril	

Evidence Based Care Report (EBCR) Measure Specifications

#32 Medication Management: Annual Monitoring for Patients on Persistent Medications - percentage of members 18 years of age and older who received at least a 180-days supply 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:

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- 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)

Antihypertensive combinations	amlodipine-benazepril benazepril-hydrochlorothiazide candesartan-hydrochlorothiazide captopril-hydrochlorothiazide enalapril-hydrochlorothiazide hydrochlorothiazide-quinapril hydrochlorothiazide-valsartan trandolapril-verapamil eprosartan-hydrochlorothiazide	fosinopril-hydrochlorothiazide hydrochlorothiazide-irbesartan hydrochlorothiazide-lisinopril hydrochlorothiazide-losartan hydrochlorothiazide-moexipril hydrochlorothiazide-telmisartan amlodipine-olmesartan amlodipine-valsartan hydrochlorothiazide-olmesartan		
Angiotensin II inhibitors	candesartan olmesartan	eprosartan telmisartan	irbesartan valsartan	losartan

Codes to Identify Physiologic Monitoring Tests

Description	CPT
Lab panel	80047, 80048, 80050, 80053, 80069
Serum potassium (K+)	80047, 80048, 80050, 80051, 80053, 80069, 84132
Serum creatinine (SCr)	80047, 80048, 80050, 80053, 80069, 82565, 82575
Blood urea nitrogen (BUN)	80047, 80048, 80050, 80053, 80069, 84520, 84525

Evidence Based Care Report (EBCR) Measure Specifications

#32 Medication Management: Annual Monitoring for Patients on Persistent Medications - percentage of members 18 years of age and older who received at least a 180-days supply 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)

Rate 2: Annual Monitoring for Members on Digoxin

Denominator Members who received at least a 180-days supply of digoxin during the measurement period.

Numerator: At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement period. Member must meet one of the following criteria:

- code for a lab panel testing during the measurement year **OR**
- code for a serum potassium AND a code for serum creatinine during the measurement year **OR**
- code for serum potassium AND a code for blood urea nitrogen during the measurement year

Description	Prescription
Inotropic agents	digoxin

Evidence Based Care Report (EBCR) Measure Specifications

#32 Medication Management: Annual Monitoring for Patients on Persistent Medications - percentage of members 18 years of age and older who received at least a 180-days supply 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)

Rate 3: Annual Monitoring for Members on Diuretics

Denominator: Members who received at least a 180-days supply of digoxin during the measurement period.

Numerator: At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement period. Member must meet one of the following criteria:

- code for a lab panel testing during the measurement year **OR**
- code for a serum potassium AND a code for serum creatinine during the measurement year **OR**
- code for serum potassium AND a code for blood urea nitrogen during the measurement year

Drugs to Identify Members on Diuretics

Description	Prescription
Antihypertensive combinations	aliskiren-hydrochlorothiazide enalapril-hydrochlorothiazide hydrochlorothiazide-propranolol amiloride-hydrochlorothiazide eprosartan-hydrochlorothiazide hydrochlorothiazide-quinapril atenolol-chlorthalidone fosinopril-hydrochlorothiazide hydrochlorothiazide-spirolactone benazepril-hydrochlorothiazide hydrochlorothiazide-irbesartan hydrochlorothiazide-telmisartan bendroflumethiazide-nadolol hydrochlorothiazide-lisinopril hydrochlorothiazide-timolol bisoprolol-hydrochlorothiazide hydrochlorothiazide-losartan hydrochlorothiazide-triamterene candesartan- hydrochlorothiazide-methyldopa hydrochlorothiazide-valsartan hydrochlorothiazide hydrochlorothiazide-metoprolol polythiazide-prazosin captopril-hydrochlorothiazide hydrochlorothiazide-moexipril chlorthalidone-clonidine hydrochlorothiazide-olmesartan

Evidence Based Care Report (EBCR) Measure Specifications

#32 Medication Management: Annual Monitoring for Patients on Persistent Medications - percentage of members 18 years of age and older who received at least a 180-days supply 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)

Loop diuretics	bumetanide ethacrynic acid	furosemide torsemide	
Potassium-sparing diuretics	amiloride eplerenone	spironolactone triamterene	
Thiazide diuretics	bendroflumethiazide chlorothiazide chlorthalidone hydrochlorothiazide	hydroflumethiazide indapamide methyclothiazide metolazone	polythiazide trichlormethiazide

Rate 4: Annual Monitoring for Members on Anticonvulsants

Denominator: Members who received at least a 180-days supply for an anticonvulsant during the measurement period. Note: Members who are on multiple anticonvulsant drugs count toward the denominator multiple times if they meet the persistent medications criteria for each drug taken during the measurement period (i.e., a member who received at least 180 days of phenytoin and 180 days of valproic acid is counted twice in the denominator for Rate 4, once for each drug).

Numerator: At least one drug serum concentration level monitoring test for the prescribed drug in the measurement year.

If a member received only one type of anticonvulsant, the drug serum concentration level test must be for the specific drug taken as a persistent medication (i.e., a member on phenytoin received a drug serum test for phenytoin). If a member persistently received multiple types of anticonvulsants, each anticonvulsant medication and drug monitoring test combination is counted as a unique event (i.e., a member on both phenytoin and valproic acid with at least a 180-days supply for each drug in the measurement year must separately show evidence of receiving drug serum concentration tests for each drug to be considered numerator-compliant for each drug).

Drugs to Identify Members on Anticonvulsants

Description	Prescription
Barbiturate anticonvulsants	phenobarbital
Dibenzazepine anticonvulsants	carbamazepine
Hydantoin anticonvulsants	phenytoin
Miscellaneous anticonvulsants	divalproex sodium valproic acid

Evidence Based Care Report (EBCR) Measure Specifications

#32 Medication Management: Annual Monitoring for Patients on Persistent Medications - percentage of members 18 years of age and older who received at least a 180-days supply 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)

Codes to Identify Drug Serum Concentration Monitoring Tests

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

Evidence Based Care Report (EBCR) Measure Specifications

#33 Follow-Up Care for Children Prescribed ADHD Medication - 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. Two rates are reported for each phase.

• **Initiation Phase.** The percentage of members 6–12 years of age and 13-17 years of age as of the IPSP 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.

• **Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age and 13-17 years of age as of the Index Prescription Start Date (IPSP) 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.

Source: HEDIS modified*

Rate 1- Initiation Phase: The percentage of members 6–12 years of age and 13-17 years of age as of the IPSP 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.

Eligible population: Six years as of the first day of the third month of the year prior to the measurement year to 17 years as of the last day of the second month of the measurement year. A rate will be generated for two age categories: 6-12 and 13-17.

Continuous enrollment: Members must be continuously enrolled for 120 days (4 months) prior to the IPSP through 30 days (1 month) after the IPSP.

Denominator: The Rate 1 eligible population.

Numerator: One face-to-face outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSP. See table "Codes to Identify Follow-Up Visits."

Rate 2 - Continuation & Maintenance Phase: The percentage of members 6–12 years of age and 13-17 years of age as of the IPSP 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.

Eligible population: Six years as of the first day of the third month of the year prior to the measurement year to 18 years as of the last day of the second month of the measurement year. A rate will be generated for two age categories: 6-12 and 13-17.

Continuous enrollment: Members must be continuously enrolled for 120 days (4 months) prior to the IPSP through 300 days (10 months) after the IPSP.

Denominator: The Rate 2 eligible population.

Numerator: Identify all members who meet the following criteria:

- ~an initiation phase visit in the first 30 days, and
- ~at least two follow-up visits from 31-100 days after the IPSP

One of the two visits (during days 31-300) may be a telephone visit with practitioner. See "Codes to Identify Follow-Up Visits" and "Codes to Identify Telephone Visits."

Evidence Based Care Report (EBCR) Measure Specifications

#33 Follow-Up Care for Children Prescribed ADHD Medication - 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. Two rates are reported for each phase.

• **Initiation Phase.** The percentage of members 6–12 years of age and 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.

• **Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age and 13-17 years of age as of the Index Prescription Start Date (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.

Continuous enrollment: Members must be continuously enrolled in the organization for 120 days (4 months) prior to the IPSD through 30 days (1 month) after the IPSD.

Exclusions: Members diagnosed with narcolepsy and members who had an acute inpatient claim/encounter with a principal diagnosis or DRG for mental health or substance abuse during the 30 days after the IPSD. See "Codes for Exclusions."

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, 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	WITH	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53,
99221 - 99223,	WITH	52, 53

Codes to Identify Telephone Visits

CPT
98966 - 98968, 99371 - 99373, 99441 - 99443

Evidence Based Care Report (EBCR) Measure Specifications

#33 Follow-Up Care for Children Prescribed ADHD Medication - 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. Two rates are reported for each phase.

• **Initiation Phase.** The percentage of members 6–12 years of age and 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.

• **Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age and 13-17 years of age as of the Index Prescription Start Date (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.

ADHD Medications

Description	Prescription
CNS Stimulants	<ul style="list-style-type: none"> • amphetamine-dextroamphetamine • atomoxetine • dexmethylphenidate • dextroamphetamine • guanfacine • lisdexamfetamine • methylphenidate • methamphetamine

Codes to Identify Exclusions

Diagnosis	Principal ICD-9-CM Diagnosis	Secondary ICD-9-CM Diagnosis
Narcolepsy	347	
Mental health	290, 293 - 302, 306 - 316	
Substance abuse	291 - 292, 303 - 305	
Substance abuse	960 - 979	291 - 292, 303 - 304, 305.0, 305.2 - 305.9, 535.3, 571.1

*HEDIS measure addresses the age category 6-12 years; BCBSM has added the age category 13-17 years.