2021 HEDIS® Coding & Reference Guide

BCBSKS 2021 QBRP Measures

BlueCross BlueShield Kansas

bcbsks.com

Adolescent Well-Care Visits (AWC)

Description
The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Eligible Population
Members 12-21 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year.

Coding[1]
CPT: 99381-99385, 99391-99395, 99461
ICD-10CM: Z00.5, Z00.8, Z00.00-Z00.01, Z00.110-Z00.111, Z00.121, Z00.129, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, Z76.2
HCPCS: G0438-G0439

Denominator
The eligible population.

Numerator
At least one comprehensive well-care visit (Well-Care Value Set) with a PCP or an OB/GYN practitioner during the measurement year. The practitioner does not have to be the practitioner assigned to the member.

Exclusions/ Negative Conditions
No Exclusions

1) Coding may change periodically without notification

Appropriate Testing for Pharyngitis (CWP)

Description
The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Eligible Population
Children 3 years of age as of July 1 of the year before the measurement year as of June 30 of the measurement year with an Outpatient, Telephone, Online Assessment, Observation or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care.

Event/Diagnosis
Outpatient, Telephone, Online Assessment, Observation or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the Intake Period (12-month window that begins July 1 of the year before the measurement year and ends on June 30 of the measurement year).

Coding[1]
CPT: 87070-87071, 87081, 87430, 87650-87652, 87880, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483
ICD-10: J02.0, J02.8-J02.9, J03.00-J03.01, J03.80-J03.81, J03.90-J03.91

Denominator
The eligible population. (Note- Member must have BCBSKS medical and pharmacy benefits)

Numerator
A group A streptococcus test (Group A Strep Tests Value Set) in the seven-day period from three days before the IESD through three days after the IESD.

Index Episode Start Date. The earliest Episode Date during the Intake Period that meets all of the following criteria:

- Linked to a dispensed antibiotic prescription (Table 1) on or during the three days after the Episode Date.
- A 30-day Negative Medication History before the Episode Date.
- The member was continuously enrolled without a gap in coverage during the 30 days before the Episode Date through 3 days after the Episode Date.

This measure is reported as 4 rates:

- 3-17 year
- 18-64 years
- 65 years and older
- Total

Exclusions/ Negative Conditions
A period of 30 days before the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
No prescriptions that were filled more than 30 days before the episode date and are active on the episode date.

Exclude episode dates if the member did not receive antibiotics on or up to three days after the episode date with only a diagnosis of pharyngitis.

1) Coding may change periodically without notification

Table 1: Antibiotic Medications (CWP)

Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime	• Ceftibuten • Cefditoren • Ceftriaxone

Appropriate Treatment for Upper Respiratory Infections (URI)

Description
The percentage of children 3 months-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Calculation
The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics *were not* prescribed).

Eligible Population
Children 3 years of age as of July 1 of the year before the measurement year to 18 years of age as of June 30 of the measurement year with continuous enrollment (30 days before Episode date through 3 days after Episode Date) and an Outpatient or ED visit with only a diagnosis of URI.

Event/Diagnosis
Identify all members who had an outpatient visit (Outpatient Value Set), a telephone visit (Telephone Visits Value Set), an online assessment (Online Assessments Value Set) an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period, with a diagnosis of URI (URI Value Set).
Exclude outpatient, ED or observation visits that result in an inpatient stay (Inpatient Stay Value Set).
Determine all URI Episode Dates. For each member identified in step 1, determine all outpatient, telephone, online assessments, observation or ED visits with a URI diagnosis.
Test for Negative Medication History. Exclude Episode Dates where a new or refill prescription for an antibiotic medication (Table 3) was filled 30 days before the Episode Date or was active on the Episode Date.
Test for Negative Competing Diagnosis. Exclude Episode Dates where the member had a claim/encounter with a competing diagnosis on or three days after the Episode Date. A code from either of the following meets criteria for a competing diagnosis:

- Pharyngitis Value Set.
- Competing Diagnosis Value Set

Calculate continuous enrollment. The member must be continuously enrolled without a gap in coverage from 30 days before the Episode Date through 3 days after the Episode Date (34 total days).

Coding[1]
ICD-10CM: J00, J06.0, J06.9
CPT: 99281-99285, 99217-99220, 98969, 99444, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483, 98966-98968, 99441-99443
HCPCS: G0402, G0438-G0439, G0463, T1015
UBREV: 0450-0452, 0456, 0459, 0981, 0510-0522, 0523, 0526-0529, 0982-0983

Denominator
The eligible population (Note- Member must have BCBSKS medical and pharmacy benefit)

Numerator
Dispensed prescription for antibiotic medication (Table 2) on or three days after the IESD

Exclusions/ Negative Conditions
A period of 30 days before the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
No prescriptions that were filled more than 30 days before the episode date and are active on the episode date.
Exclude members who had claims/encounters with a competing diagnosis within 30 days before episode date. Also exclude members who had a competing diagnosis three days following the episode date (Pharyngitis, etc.)
Exclude members that have had an emergency visit or observation that resulted in an inpatient stay *or* have a diagnosis of HIV, HIV Type 2, Malignant Neoplasms, Emphysema, COPD, Cystic Fibrosis, Comorbid Conditions (such as Tuberculosis, sickle-cell anemia, etc.), Disorders of the Immune System (such as autoimmune disorders and immunodeficiency disorders), Pharyngitis, or any Competing Diagnosis.

1) Coding may change periodically without notification

Table 2: Antibiotic Medications (URI)

Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime	• Ceftibuten • Cefditoren • Ceftriaxone

1) Coding may change periodically without notification

Avoidance of Antibiotic Treatment for Bronchitis/Bronchiolitis (AAB)

Description
The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.

Calculation
The measure is reported as an inverted rate [1-(numerator/eligible population]. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were *not* prescribed).

Eligible Population
Members 3 months and older as of July 1 of the year before June 30 of the measurement year with continuous enrollment (30 days before Episode date through 3 days after Episode Date).

Event/Diagnosis
Identify all members who had an outpatient visit (Outpatient Value Set), a telephone visit (Telephone Visits Value Set), an online assessment (Online Assessments Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period, with a diagnosis of acute bronchitis/bronchiolitis (Acute Bronchitis Value Set).

Coding[1]
ICD-10: J20.3-J20.9, J21.0-J21.1, J21.8-J21.9
CPT: 99281-99285, 99217-99220, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483
HCPCS: G0402, G0438-G0439, G0463, T1015
UBREV: 0450-0452, 0456, 0459, 0510-0517, 0519-0523, 0526-0529, 0981-0983

Denominator
The Eligible Population (Note- Member must have BCBSKS Medical and Pharmacy benefits).

Numerator
Dispensed prescription for antibiotic medication (Table 3) on or three days after the Index Episode Start Date (IESD- The date of service for any outpatient or ED visit during the intake period with a diagnosis of acute bronchitis).
This measure is reported as 4 rates:

- 3 months-17 years
- 18-64 years
- 65 years and older
- Total

Exclusions/ Negative Conditions
A period of 30 days before the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
No prescriptions that were filled more than 30 days before the episode date and are active on the episode date.
Exclude members that have had an emergency visit or observation that resulted in an inpatient stay *or* have a diagnosis of HIV, HIV Type 2, Malignant Neoplasms, Emphysema, COPD, Cystic Fibrosis, Comorbid Conditions (such as Tuberculosis, sickle-cell anemia, etc.), Disorders of the Immune System (such as autoimmune disorders and immunodeficiency disorders), Pharyngitis, or any Competing Diagnosis.

1) Coding may change periodically without notification

Table 3: Antibiotic Medications (AAB)

Description	Prescription		
Aminoglycosides	• Amikacin • Gentamicin	• Streptomycin	• Tobramycin
Aminopenicillins	• Amoxicillin	• Ampicillin	
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam	• Piperacillin-tazobactam	
First-generation cephalosporins	• Cefadroxil	• Cefazolin	• Cephalexin
Fourth-generation cephalosporins	• Cefepime		
Ketolides	• Telithromycin		
Lincomycin derivatives	• Clindamycin	• Lincomycin	
Macrolides	• Azithromycin • Clarithromycin	• Erythromycin • Erythromycin ethylsuccinate	• Erythromycin lactobionate • Erythromycin stearate
Miscellaneous antibiotics	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin	• Daptomycin • Linezolid	• Metronidazole • Vancomycin
Natural penicillins	• Penicillin G benzathine-procaine • Penicillin G potassium	• Penicillin G procaine • Penicillin G sodium	• Penicillin V potassium • Penicillin G benzathine
Penicillinase resistant penicillins	• Dicloxacillin	• Nafcillin	• Oxacillin
Quinolones	• Ciprofloxacin • Gemifloxacin	• Levofloxacin • Moxifloxacin	• Ofloxacin
Rifamycin derivatives	• Rifampin		
Second-generation cephalosporin	• Cefaclor • Cefotetan	• Cefoxitin • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfadiazine	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline	• Minocycline	• Tetracycline
Third-generation cephalosporins	• Cefdinir • Cefditoren • Cefixime	• Cefotaxime • Cefpodoxime • Ceftazidime	• Ceftibuten • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin	• Nitrofurantoin macrocrystals • Nitrofurantoin macrocrystals-monohydrate	• Trimethoprim

1) Coding may change periodically without notification

Breast Cancer Screening (BCS)

Description
The percentage of women 52-74 years of age who had a mammogram to screen for breast cancer.

Eligible Population
Women 52–74 years of age as of Dec. 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year and the year before the measurement year.

Event/Diagnosis
None

Coding[1]
CPT: 77055-77057, 77061-77063, 77065-77067
HCPCS: G0202, G0204, G0206
ICD-9 PCS: 87.36-87.37

Denominator
The eligible population.

Numerator
One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Exclusions/ Negative Conditions
Exclude members who have had a bilateral mastectomy any time during the member's history through December 31 of the measure year. That includes:

- Bilateral mastectomy
- Unilateral mastectomy *with* a bilateral modifier
- Two unilateral mastectomies with service dates 14 days or more apart. For example, if the service date for the first unilateral mastectomy was February 1 of the measurement year, the service date for the second unilateral mastectomy must be on or after February 15
- History of bilateral mastectomy

For members with a history of mastectomy (Acquired Absence of Bilateral Breast and Nipples Value Set) can be documented administratively on claims via ICD-10 code: Z90.13.

1) Coding may change periodically without notification

Cervical Cancer Screening (CCS)

Description

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21–64 years of age who had cervical cytology performed every 3 years.
- Women 30–64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
- Women 30–64 years of age who had a cervical cytology/high-risk human papillomavirus (hrHPV) contesting within the past 5 years.

Eligible Population

Women 24-64 years of age as of Dec. 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year and the two years before the measurement year.

Coding[1]

CPT: 87620-87622, 87624-87625, 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175
HCPCS: G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001, Q0091, G0476

Denominator

The eligible population.

Numerator

The number of women who were screened for cervical cancer, as identified in steps 1 and 2 below.

- Women 24–64 years of age as of December 31 of the measurement year who had cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set) during the measurement year or the two years before the measurement year.
- Women 30–64 years of age as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing (High Risk HPV Lab Test Value Set, High Risk HPV Test Result or Finding Value Set) during the measurement year or the four years before the measurement year *and* who were 30 years or older on the date of the test.

Exclusions/ Negative Conditions

Exclude members from each eligible population if evidence of hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix (Absence of Cervix Value Set) any time during the member's history through Dec. 31 of the measurement year.
For those members with a history of no residual cervix, cervical agenesis, or acquired absence of cervix (Absence of Cervix Value Set) can be documented administratively on claims via ICD-10 codes Z90.710 or Z90.712.

1) Coding may change periodically without notification

Colorectal Cancer Screening (COL)

Description
The percentage of members 51–75 years of age who had appropriate screening for colorectal cancer.

Eligible Population
Members 51–75 years of age as of Dec. 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year and the year before the measurement year.

Coding[1]
CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398, 74261-74263, 45330-45335, 45337-45342, 45345-45347, 45349-45350, 81528, 82270, 82274
ICD-9CM: 45.22-45.25, 45.42-45.43
HCPCS: G10104-G0105, G0121, G0464, G0328

Denominator
The eligible population.

Numerator
One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT Value Set, FOBT Test Results or Finding Value Set) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type.
- Flexible sigmoidoscopy (Flexible Sigmoidoscopy Value Set, History of Flexible Sigmoidoscopy Value Set) during the measurement year or the four years before the measurement year.
- Colonoscopy (Colonoscopy Value Set) during the measurement year or the nine years before the measurement year.
- CT colonography (CT Colonography Value Set) during the measurement year or the four years before the measurement year.
- FIT-DNA test (FIT-DNA Lab Test Value Set, FIT DNA Test Results or Finding Value Set) during the measurement year or the two years before the measurement year.

Exclusions/ Negative Conditions
Exclude members from the eligible population if either colorectal cancer (Colorectal Cancer Value Set) or Total Colectomy (Total Colectomy Value Set) are included in a member's history through Dec. 31 of the measurement year.

1) Coding may change periodically without notification

Comprehensive Diabetes Care, Hemoglobin A1c testing (CDC)

Description

The percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had an Hemoglobin A1c (HbA1c) test during the measurement year.

Eligible Population

Members 18-75 years of age as of Dec. 31 of the measurement year with a diagnosis of diabetes and continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) in the measurement year.

Event/Diagnosis

There are two ways to identify members with diabetes: By claim/encounter data and pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year before the measurement year.

Claim/encounter data. Members who met any of the following criteria during the measurement year or the year before the measurement year (count services that occur during both years):

- At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set) *without* telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).
- At least one acute inpatient discharge with a diagnosis of diabetes (Diabetes Value Set) on the discharge claim. To identify an acute inpatient discharge:
  1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
  2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
  3. Identify the discharge date for the stay.
- At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), telephone visits (Telephone Visits Value Set), online assessments (Online Assessments Value Set), ED visits (ED Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim), on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two encounters. To identify a nonacute inpatient discharge:
  1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
  2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
  3. Identify the discharge date for the stay.

Pharmacy data. Members who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year before the measurement year.

Coding[1]

CPT: 83036-83037

CPT II: 3044F (HbA1c Level Less Than 7.0), 3045F (HbA1c Level 7.0-9.0), 3046F (HbA1c Level Greater Than 9.0)

Denominator

The eligible population.

Numerator

An HbA1c test (HbA1c Tests Value Set) performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Exclusions/ Negative Conditions

Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year before the measurement year ***and*** who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year before the measurement year.

1) Coding may change periodically without notification

Comprehensive Diabetes Care: Eye Exam – Retinal (CDC)

Description
The percentage of members 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) and who had an eye exam (retinal) performed during the measurement year.

Eligible Population
Same as CDC – HBA1c Testing

Event/Diagnosis
Same as CDC – HBA1c Testing

Coding[1]
CPT: 67028, 67030-67031, 67036, 67039-67043, 67101, 67105, 67107-67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-67221, 67227-67228, 92002, 92004, 92012, 92014, 92018-92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
HCPCS: S0620-S0621, S3000
CPT II: 3072F (Diabetic Retinal Screening Negative), 2022F (Diabetic Retinal Screening with Eye Care Professional, 2023F (Diabetic Retinal Screening with Eye Care Professional), 2024F (Diabetic Retinal Screening with Eye Care Professional), 2025F (Diabetic Retinal Screening with Eye, 2026F (Diabetic Retinal Screening with Eye, 2033F (Diabetic Retinal Screening with Eye)

Denominator
The eligible population.

Numerator
Any of the following meet the criteria of screening for diabetic retinal eye disease:
- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist)
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year before the measurement year
- A bilateral eye enucleation anytime during the member's history through Dec. 31 of the measurement year

Exclusions/ Negative Conditions
Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year before the measurement year *and* who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year before the measurement year.

1) Coding may change periodically without notification

Comprehensive Diabetes Care: Medical Attention for Nephropathy (CDC)

Description
The percentage of members 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) and who had a nephropathy screening or monitoring test performed during the measurement year or documented evidence of nephropathy.

Eligible Population
Same as CDC – HBA1c Testing

Event/Diagnosis
Same as CDC – HBA1c Testing

Coding[1]
CPT: 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512, 50360, 50365, 50380, 81000-81003, 81005, 82042-82044, 84156
UBREV: 800-804, 809, 820-825, 829-835, 839-845, 849-855, 859, 880-882, 889, 367
ICD-10CM: N18.4-N18.6, Z91.15, Z99.2, Z94.0, E08.21-E08.22, E08.29, E09.21-E09.22, E09.29, E10.21-E10.22, E10.29, E11.21-E11.22, E11.29, E13.21-E13.22, E13.29, I12.0, I12.9, I13.0, I13.2, I13.10-I13.11, I15.0-I15.1, N00.0-N00.9, N01.0-N01.9, N02.0-N02.9, N03.0-N03.9, N04.0-N04.9, N05.0-N05.9, N06.0-N06.9, N07.0-N07.9, N08, N14.0-N14.4, N17.0-N17.2, N17.8-N17.9, N18.1-N18.6, N18.9, N19, N25.0-N25.1, N25.9, N25.81, N25.89, N26.1-N26.2, N26.9, Q60.0-Q60.6, Q61.2-Q61.5, Q61.8-Q61.9, Q61.00-Q61.02, Q61.11, Q61.19, R80.0-R80.3, R80.8-R80.9
HCPCS: G0257, S9339, S2065
CPT II: 3066F (Nephropathy Treatment), 4010F (Nephropathy Treatment), 3060F-3062F (Urine Protein Tests)

Denominator
The eligible population.

Numerator
Any of the following meet the criteria for nephropathy screening:

- A nephropathy screening or monitoring test (Urine Protein Tests Value Set)
- Evidence of treatment for nephropathy or ACE/ARB therapy (Nephropathy Treatment Value Set)
- Evidence of Stage 4 chronic kidney disease (CKD Stage 4 Value Set)
- Evidence of ESRD (ESRD Value Set)
- Evidence of Kidney Transplant (Kidney Transplant Value Set)
- A visit with a nephrologist, as identified by specialty provider codes
- At least one ACE inhibitor or ARB dispensing event (ACE Inhibitor/ARB Medications List, Table 4)

Exclusions/ Negative Conditions
Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year before the measurement year *and* who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year before the measurement year.

1) Coding may change periodically without notification

Table 4: Ace Inhibitors/ARB Medications

Description	Prescription		
Aminoglycosides	• Benazepril • Captopril • Perindopril • Trandolapril	• Enalapril • Fosinopril • Quinapril	• Lisinopril • Moexipril • Ramipril
Angiotensin II inhibitors	• Azilsartan • Telmisartan • Olmesartan	• Eprosartan • Candesartan • Valsartan	• Losartan • Irbesartan
Antihypertensive combinations	• Aliskiren-valsartan • Amlodipine-benazepril • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-olmesartan • Amlodipine-perindopril • Amlodipine-telmisartan • Amlodipine-valsartan	• Azilsartan-chlorthalidone • Benazepril-hydrochlorothiazide • Candesartan-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Fasinopril-hydrochlorothiazide • Hydrochlorothiazide-irbesartan • Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-losartan	• Hydrochlorothiazide-moexipril • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-quinapril • Hydrochlorothiazide-telmisartan • Hydrochlorothiazide-valsartan • Sacubitril-valsartan • Trandolapril-verapamil

Statin Therapy for Patients with Cardiovascular Disease – 80% Adherence (SPC)

Description
The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and remained on a high-intensity or moderate-intensity statin medication (Table 5) for at least 80 percent of the treatment period.

Eligible Population
Male members 21-75 years of age and women members 40-75 years of age during the measurement year with continuous enrollment of no more than one gap in enrollment of up to 45 days.

Event/Diagnosis
Male members 21-75 years of age and women members 40-75 years of age diagnosed with clinical atherosclerotic cardiovascular disease (ASCVD) and prescribed a high-intensity or moderate-intensity statin medication.

Coding[1]
ICD-10-CM: I20.0, I20.8-I20.9, I24.0, I24.8-I24.9, I25.5-I25.6, I25.9, I25.10, I25.82-I25.84, I25.89, I25.110-I25.111, I25.118-I25.119, I25.700-I25.701, I25.708-I25.711, I25.718-I25.721, I25.728-I25.731, I25.738-I25.739, I25.750-I25.751, I25.758-I25.761, I25.768-I25.769, I25.790-I25.791, I25.798-I25.799, I25.810-I25.812, I63.20, I63.22, I63.29, I63.50, I63.59, I63.211-I63.213, I63.219, I63.231-I63.233, I63.239, I63.511-I63.513, I63.519, I63.521-I63.523, I63.529, I63.531-I63.533, I63.539, I63.541-I63.543, I63.549, I65.1, 65.8-I65.9, I65.01-I65.03, I65.09, I65.21-I65.23, I65.29, I66.3, I66.8-I66.9, I66.01-I66.03, I66.09, I66.11-I66.13, I66.19, I66.21-I66.23, I66.29, I67.2, I70.1, I70.25, I70.35, I70.45, I70.55, I70.65, I70.75, I70.92, I70.201-I70.203, I70.208-I70.209, I70.211-I70.213, I70.218-I70.219, I70.221-I70.223, I70.228-I70.229, I70.231-I70.235, I70.238-I70.239, I70.241-I70.245, I70.248-I70.249, I70.261-I70.263, I70.268-I70.269, I70.291-I70.293, I70.298-I70.299, I70.301-I70.303, I70.308-I70.309, I70.311-I70.313, I70.318-I70.319, I70.321-I70.323, I70.328-I70.329, I70.331-I70.335, I70.338-I70.339, I70.341-I70.345, I70.348-I70.349, I70.361-I70.363, I70.368-I70.369, I70.391-I70.393, I70.398-I70.399, I70.401, I70.402-I70.403, I70.408-I70.409, I70.411-I70.413, I70.418-I70.419, I70.421-I70.423, I70.428-I70.429, I70.431-I70.435, I70.438-I70.439, I70.441-I70.445, I70.448-I70.449, I70.461-I70.463, I70.468-I70.469, I70.491-I70.493, I70.498-I70.499, I70.501-I70.503, I70.508-I70.509, I70.511-I70.513, I70.518-I70.519, I70.521-I70.523, I70.528-I70.529, I70.531-I70.535, I70.538-I70.539, I70.541-I70.545, I70.548-I70.549, I70.561-I70.563, I70.568-I70.569, I70.591-I70.593, I70.598-I70.599, I70.601-I70.603, I70.608-I70.609, I70.611-I70.613, I70.618-I70.619, I70.621-I70.623, I70.628-I70.629, I70.631-I70.635, I70.638-I70.639, I70.641-I70.642, I70.643-I70.645, I70.648-I70.649, I70.661-I70.663, I70.668-I70.693, I70.698-I70.699, I70.701-I70.703, I70.708-I70.709, I70.711-I70.713, I70.718-I70.719, I70.721-I70.723, I70.728-I70.729, I70.731-I70.735, I70.738-I70.739, I70.741-I70.745, I70.748-I70.749, I70.761-I70.763, I70.768I-70.769, I70.791-I70.793, I70.798-I70.799, I75.81, I75.89, I75.011-I75.013, I75.019, I75.021-I75.023, I75.029, T82.855A, 82.855D, T82.855S, T82.856A, T82.856D, T82.856S

Denominator
The eligible population (Note – Member must have BCBSKS Medical or Pharmacy benefits).

Numerator
The number of members who achieved a proportion of days covered (PDC) of at least 80 percent during the treatment period.

Exclusions/ Negative Conditions
Exclude members from the eligible population with a diagnosis of pregnancy, ESRD, cirrhosis, myalgia, myositis, myopathy, rhabdomyolysis as well as those members undergoing dialysis or in vitro fertilization.

For those members age 66 and higher, exclude those with a diagnosis of frailty accompanied it with an inpatient stay or non-acute inpatient stay.

1) Coding may change periodically without notification

Table 5: High- and Moderate-Intensity Statin Medications

Description	Prescription	
High-intensity statin therapy	• Atorvastatin 40-80 mg • Amlodipine-atorvastatin 40-80 mg • Ezetimibe-simvastatin 80 mg	• Rosuvastatin 20-40 mg • Simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10-20 mg • Amlodipine-atorvastatin 10-20 mg • Rosuvastatin 5-10 mg • Simvastatin 20-40 mg • Ezetimibe-simvastatin 20-40 mg	• Pravastatin 40-80 mg • Lovastatin 40mg • Fluvastatin 40 mg bid • Pitavastatin 2-4 mg

Statin Therapy for Patients with Diabetes – 80% Adherence (SPC)

Description
The percentage of member 40-75 years of age during the measurement year with diabetes who do not have atherosclerotic cardiovascular disease (ASCVD) and remained on a statin medication (Table 6) of any intensity for at least 80 percent of the treatment period.

Eligible Population
Members 40-75 years of age during the measurement year with continuous enrollment of no more than one gap in enrollment of up to 45 days.

Event/Diagnosis
Members 40-75 years of age diagnosed with diabetes and prescribed a statin medication.

Coding[1]
ICD-10-CM: E10.8-E10.11, E10.21-10.22 E10.29 E10.36, E10.37X1-E10.37X3, E10.37X9, E10.39-E10.44, E10.49, E10.51-E10.52, E10.59, E10.65, E10.69, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.610, E10.618, E10.620-E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.3211-E10.3213, E10.3219, E10.3291-E10.3293, E10.3299, E10.3311-E10.3313, E10.3319, E10.3391-E10.3393, E10.3399, E10.3411-E10.3413, E10.3419, E10.3491-E10.3493, 10.3499, E10.3511-E10.3513, E10.3519, E10.3521-E10.3523, E10.3529, E10.3531-E10.3533, E10.3539, E10.3541-E10.3543, E10.3549, E10.3551-E10.3553, E10.3559, E10.3591, E10.3592-E10.3593, E10.3599, E11.8-E11.9, E11.00-E11.01, E11.10-E11.11, E11.21-E11.22, E11.29, E11.36, E11.37X1-E11.37X3, E11.37X9, E11.39-E11.44, E11.49, E11.51-E11.52, E11.59, E11.65, E11.69, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.610, E11.618, E11.620, E11.621-E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.3211-E11.3213, E11.3219, E11.3291-E11.3293, E11.3299, E11.3311-E11.3313, E11.3319, E11.3391-E11.3393, E11.3399, E11.3411-E11.3413, E11.3419, E11.3491-E11.3493, E11.3499, E11.3511-E11.3513, E11.3519, E11.3521-E11.3523, E11.3529, E11.3531-E11.3533, E11.3539, E11.3541-E11.3543, E11.3549, E11.3551-E11.3553, E11.3559, E11.3591-E11.3593, E11.3599, E13.8-E13.9, E13.00-E13.01, E13.10-E13.11, E13.21-E13.22, E13.29, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39-E13.44, E13.49, E13.51-E13.52, E13.59, E13.65, E13.69, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.610, E13.618, E13.620-E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.3211-E13.3213, E13.3219, E13.3291-E13.3293, E13.3299, E13.3311-E13.3313, E13.3319, E13.3391-E13.3393, E13.3399, E13.3411-E13.3413, E13.3419, E13.3491-E13.3493, E13.3499, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3529, E13.3531-E13.3533, E13.3539, E13.3541-E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.3591-E13.3593, E13.3599, O24.02-O24.03, O24.12-O24.13, O24.32-O24.33, O24.82-O24.83, O24.011-O24.013, O24.019, O24.111-O24.113, O24.119, O24.311-O24.313, O24.319, O24.811-O24.813, O24.819

Denominator
The eligible population (Note – Member must have BCBSKS Medical or Pharmacy benefits).

Numerator
The number of members who achieved a PDC of at least 80 percent during the treatment period.

Exclusions/ Negative Conditions
Exclude those members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year before the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes during the measurement year of the year prior.

1) Coding may change periodically without notification

Table 6: Statin Medications

Description	Prescription	
High-intensity statin therapy	• Atorvastatin 40-80 mg • Amlodipine-atorvastatin 40-80 mg • Ezetimibe-simvastatin 80 mg	• Rosuvastatin 20-40 mg • Simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10-20 mg • Amlodipine-atorvastatin 10-20 mg • Rosuvastatin 5-10 mg • Simvastatin 20-40 mg • Ezetimibe-simvastatin 20-40 mg	• Pravastatin 40-80 mg • Lovastatin 40mg • Fluvastatin 40 mg bid • Pitavastatin 2-4 mg
Low-intensity statin therapy	• Simvastatin 5-10 mg • Ezetimibe-simvastatin 10 mg • Pravastatin 10-20 mg	• Lovastatin 20 mg • Fluvastatin 20-40 mg • Pitavastatin 1 mg

Use of Imaging Studies for Low-Back Pain (LBP)

Description
The percentage of members 18-50 years of age with a primary diagnosis of low-back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Calculation
The measure is reported as an inverted rate [1-(numerator/eligible population)]. A higher rate indicates appropriate treatment of low-back pain (i.e. the proportion for whom imaging studies did not occur).

Eligible Population
Members 18 years of age as of Jan. 1 of the measurement year and members 50 years of age as of Dec. 31 of measurement year with continuous enrollment of 180 days (6 months) before the IESD (no gaps in enrollment allowed during the continuous enrollment period) and with a primary diagnosis of low-back pain.

Coding[1]
CPT: 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
ICD-10CM: M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M48.061-M48.062, M51.16-M51.17, M51.26-M51.27, M51.36-M51.37, M51.86-M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.5, M54.9, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.89, M99.03-M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83-M99.84, S33.5XXA-S33.6XXA, S33.8XXA-S33.9XXA, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S

Denominator
The eligible population.

Numerator
An imaging study (Imaging Study Value Set) with a diagnosis of uncomplicated low-back pain (Uncomplicated Low-Back Pain Value Set) on the IESD or in the 28 days following the IESD.

Exclusions/ Negative Conditions
A period of 180 days (6 months) before the IESD when the member had no claims/encounters with any diagnosis of low back pain.
Exclude any member who had a diagnosis for which imaging is clinically appropriate. Any of the following meet criteria:

- *Cancer.* Cancer any time during the member's history through 28 days after the IESD. Any of the following meet criteria:
  - Malignant Neoplasms Value Set.
  - Other Neoplasms Value Set.
  - History of Malignant Neoplasm Value Set.
  - Other Malignant Neoplasm of Skin Value Set
- *Recent trauma.* Trauma (Trauma Value Set) any time during the 3 months (90 days) before the IESD through 28 days after the IESD.
- *Intravenous drug abuse.* IV drug abuse (IV Drug Abuse Value Set) any time during the 12 months (1 year) before the IESD through 28 days after the IESD.
- Neurologic Impairment. Neurologic impairment (Neurologic Impairment Value Set) any time during the 12 months (1 year) before the IESD through 28 days after the IESD.
- *HIV.* HIV (HIV Value Set) any time during the member's history through 28 days after the IESD.
- *Spinal infection.* Spinal infection (Spinal Infection Value Set) any time during the 12 months (1 year) before the IESD through 28 days after the IESD.
- *Major organ transplant.* Major organ transplant (Organ Transplant Other Than Kidney Value Set; Kidney Transplant Value Set; History of Kidney Transplant Value Set) any time in the member's history through 28 days after the IESD.
- *Prolonged use of corticosteroids.* 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days before the IESD and ends on the IESD.

1) Coding may change periodically without notification

Well-Child Visits in the First 15 Months of Life (W15)

Description
The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.

Eligible Population
Children who turn 15 months old during the measurement year with continuous enrollment of no more than one gap in enrollment of up to 45 days from when turning 31 days of age to 15 months of age.

Coding[1]
CPT: 99381-99385, 99391-99395, 99461
ICD-10CM: Z00.5, Z00.8, Z00.00-Z00.01, Z00.110-Z00.111, Z00.121, Z00.129, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1-Z76.2
HCPCS: G0438-G0439

Denominator
The eligible population.

Numerator
Members who received six or more well-child visits (Well-Care Value Set), on different dates of service, with a PCP during their first 15 months of life.

The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Exclusions/ Negative Conditions
No exclusions.
Services provided via Telehealth are not counted towards this measure.

1) Coding may change periodically without notification

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

Description
The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.

Eligible Population
Children age 3-6 as of Dec. 31 of the measurement year with continuous enrollment (no more than one gap in enrollment of up to 45 days in the measurement year).

Coding[1]
CPT: 99381-99385, 99391-99395, 99461
ICD-10CM: Z00.5, Z00.8, Z00.00-Z00.01, Z00.110-Z00.111, Z00.121, Z00.129, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1-Z76.2
HCPCS: G0438-G0439

Denominator
The eligible population.

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

The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Exclusions/ Negative Conditions
No exclusions.
Services provided via Telehealth are not counted towards this measure.

1) Coding may change periodically without notification

Appendix A: Definitions

Denominator - Eligible members of the population

Numerator - Members who met the criteria of a measure

HEDIS (Healthcare Effectiveness Data and Information Set) - Tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.

Intake Period - The period of time (typically the measurement year) used to identify the first eligible encounter.

Index Episode Start Date (IESD) - The earliest date of service for an eligible encounter during the intake period.

Anchor Date - The specific date the member is required to be enrolled to be eligible for the measure

Measurement Year - The twelve-month time frame of data used to support the calculation of the bi-annual QBRP performance scores. For BCBSKS' QBRP HEDIS-based performance scores, the Jan. 1 thru Dec. 31 measurement year is used to support the July 1 thru Dec. 31 QBRP scores of the following bi-annual QBRP cycle, and the July 1 thru June 30 measurement year is used to support the Jan. 1 thru June 30 QBRP scores of the following bi-annual QBRP cycle.

Continuous Enrollment - A period of time, during the measurement timeline, where a member must be enrolled in order to be counted towards the measure.

Primary Care Physician (PCP) - A physician or non-physician (e.g., nurse practitioner, physician assistant) who offers primary care medical services.

*LPNs and RNs are not considered PCPs

Episode Date - The date of service for any outpatient or ED visit during the intake period.

Appendix B: Changes

Version	Description	Date
2018.v1	Initial Release	3/22/17
2018.v2	Updated with new coding value sets and formatting changes.	6/27/2017
2019.v1	Updated to include 2019 QBRP measures including code sets. Added negative conditions to CWP, AAB, LBP.	8/10/2018
2019.v2	General updates to Title Page, AWC, CWP, CDC, CCS, LBP, and Appendix A.	10/26/2018
2020.v1	Updated with new coding value sets and addition of new measures. Added CPT II and ICD-10 'history of' codes where applicable. Removed LOINC code sets.	01/06/2019
2020.v2	Updated with addition of new measures CDC-EYE, CDC-NEPH, SPC, and SPD.	08/02/2019
2020.v3	Updated with specification changes for HEDIS 2020 and coding set updates. Changes include: • **CWP**- Expanded age range from 3-18 years of age to 3 years of age and older. • **URI**- Expanded age range from 3 months-18 years of age (children) to 3 months of age and older. • **AAB**- Expanded age range from 18-64 years of age (adults) to members 3 months of age and older • **CCS**- Updated screening methods to include primary high-risk human papillomavirus testing.	08/03/2020

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