

5 STAR REFERENCE GUIDE

Breast Cancer Screening (BCS)		(Administrative- Claims Data Only)		
HEDIS: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	TEST REQUIRED FOR COMPLIANCE: Mammogram			
	CPT	HCPCS		
	77055 – 77057, 77061 – 77063, 77065 – 77067	G0202, G0204, G0206		
NOTE: The purpose of this measure is to evaluate primary screening. Biopsies, breast ultrasounds, and MRIs do not count toward this measure. Exclude Members with Diagnosis of Breast Cancer and Radical Mastectomy				
Colorectal Cancer Screening (COL)		(Administrative/Hybrid)		
HEDIS: Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.	TEST REQUIRED FOR COMPLIANCE: iFOBT / Colonoscopy / Flexible Sigmoidoscopy / CT Colonography / FIT-DNA Test			
	Description	CPT	HCPCS	Criteria
	FOBT	82270, 82274	G0328	During the measurement year.
	Flexible Sigmoidoscopy	45330-45335, 45337-45342, 45345-45347, 45349-45350	G0104	During the measurement year or the 4 years prior to measurement year.
	Colonoscopy	44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398	G0105, G0121	During the measurement years or the 9 years prior to measurement year.
	CT colonography	74261-74263		During the measurement year or the 4 years prior.
	FIT-DNA test	81528	G0464	During the measurement year or the 2 years prior to the measurement year.
NOTE: Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the member’s “medical history. A pathology report that indicates the type of screening and the date when the screening was may also be considered.				

5 STAR REFERENCE GUIDE

Comprehensive Diabetes Care (CDC) –Blood Sugar Controlled / HbA1c Controlled		(Administrative/Hybrid)	
<p>HEDIS: The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c screening and the most recent A1c test during the measurement year is < 8%.</p> <p>THE A1C MUST BE LESS THAN 8% IN ORDER FOR THE MEMBER TO BE CONSIDERED “CONTROLLED”</p>	<p>TEST REQUIRED FOR COMPLIANCE: Hemoglobin A1c Screening Test performed during the measurement year, as identified by claim/encounter or automated laboratory data.</p>		
Description		CPT / CPT Category II	
HbA1c Test		83036, 83037	
Numerator compliant (HbA1c < 8%)		3044F, 3051F	
Not numerator compliant (HbA1c ≥ 8%)		3046F, 3052F	
Comprehensive Diabetes Care (CDC)– Medical attention to Nephropathy		(Administrative/Hybrid)	
<p>HEDIS: The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening or monitoring test, or who had evidence of treatment for nephropathy or ACE/ARB therapy, or who had received medical attention for nephropathy during the measurement year.</p>	<p>TEST REQUIRED FOR COMPLIANCE: A nephropathy screening or monitoring test or evidence of nephropathy, such as a urine test for albumin or protein, documentation of a renal transplant, documentation of a visit to a nephrologist, or documentation of medical attention for (but not limited to) diabetic nephropathy, ESRD, CKD, CRF, or Dialysis.</p>		
Description		CPT	CPT Category II
Nephropathy screening or monitoring test		82042-82044, 84156, 81000-81003, 81005	3060F-3062F
		ICD 10 CM	
		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, I13.10-I13.11, I13.2, I15.0, I15.1, N00.0-	

5 STAR REFERENCE GUIDE

	Evidence of treatment for nephropathy or ACE/ARB therapy		3066F, 4010F	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, N25.81, N25.89, N25.9, N26.1-N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8-Q61.9, R80.0-R80.3, R80.8-R80.9, Z99.2
	Dialysis Procedure	90935, 90937, 90945, 90947, 90997, 90999, 99512	G0257, S9339	
	Nephrectomy or kidney Transplant	50340, 50370, 50360, 50365, 50380	S2065	

5 STAR REFERENCE GUIDE

Comprehensive Diabetes Care (CDC)– Diabetes Care – Eye Exam		(Administrative/Hybrid)	
<p>HEDIS: The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, or a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year, or bilateral eye enucleation any time during the member’s history through December 31 of the measurement year.</p>	<p>TEST REQUIRED FOR COMPLIANCE: Retinal or dilated eye exam performed by an eye care professional during the measurement year. For eye exam performed in the year prior to the measurement year, a result must be available and documented as part of the medical record.</p>		
	CPT	CPT Category II	HCPCS
	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 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	2022F-2026F, 2033F, 3072F	S0620, S0621, S3000
Comprehensive Diabetes Care (CDC)– Diabetes Care – BP Control <140/90 mm Hg		(Administrative/Hybrid)	
<p>HEDIS: The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a blood pressure reading taken during an outpatient visit, telephone visit, e-visit, virtual check-in, a nonacute inpatient encounter, or remote monitoring event during the monitoring year.</p>	<p>TEST REQUIRED FOR COMPLIANCE: The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, virtual check-in, a nonacute inpatient encounter, or remote monitoring event during the measurement year.</p>		
	CPT	HCPCS	CPT Category II
<p>The member is compliant if the BP is <140/90 mm Hg.</p>	93784, 93788, 93790, 98966-98972, 99091, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-	G0402, G0438-G0439, G0463, G2010, G2012,	3074F-3075F, 3077F-3080F

5 STAR REFERENCE GUIDE

	99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99444, 99453-99458, 99473-99474, 99483	G2061-G2063, T1015	
--	---	--------------------	--

Flu Vaccinations for Adults Ages 65 and Older (FVO)		(CAHPS – Survey Question)	
<p>HEDIS: Percent of plan members 65 years of age and older who received a flu vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed.</p> <p>This is a Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Question:</p> <p>Have you had a flu shot since July 1st 2020?</p>	<p>MEETING COMPLIANCE: Ensure the primary care physician speaks to members with regards to the flu vaccine, documents within the medical record teaching and refusal, and encourages member to obtain the vaccine.</p>		
	CPT	HCPCS	
	90630, 90644, 90647-90648, 90653-90658, 90660-90662, 90672-90674, 90682, 90685-90689, 90698, 90748, 90756	G0008	

Pneumococcal Vaccination Status for Older Adults (PNU)		(CAHPS – Survey Question)	
<p>HEDIS: The percentage of Medicare members 65 years of age and older who have ever received one or more pneumococcal vaccinations.</p> <p>This is a Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Question:</p> <p>Have you ever had one or more pneumonia shots? Two shots are usually given in a person’s lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.</p>	<p>MEETING COMPLIANCE: Ensure the primary care physician speaks to members with regards to the pneumococcal vaccine, documents within the medical record teaching and refusal, and encourages member to obtain the vaccine.</p>		
	CPT	HCPCS	
	90670, 90732	G0009	

5 STAR REFERENCE GUIDE

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)		(Administrative –Claim/Encounter)																		
<p>HEDIS: The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).</p>	<p>MEETING COMPLIANCE: In order to be compliant for this measure the member has to have at least one prescription for an anti-rheumatic drug during the year.</p>																			
	<table border="1"> <thead> <tr> <th data-bbox="982 430 1213 470">CPT</th> <th data-bbox="1213 430 1596 470">ICD 10 CM Diagnosis</th> <th data-bbox="1596 430 1726 470">HCPCS</th> <th data-bbox="1726 430 2022 470">Medications</th> </tr> </thead> <tbody> <tr> <td data-bbox="982 470 1213 868"> <i>Outpatient Visit:</i> 99201- 99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455- 99456, 99483 </td> <td data-bbox="1213 470 1596 868"> M05.00, M05.011-M05.012, M05.019, M05.021-M05.022, M05.029, M05.031-M05.032, M05.039, M05.041-M05.042, M05.049, M05.051-M05.052, M05.059, M05.031-M05.062, M05.069, M05.071-M05.072, M05.079, M05.09, M05.10, M05.111-M05.112, M05.119, M05.121-M05.122, M05.129, M05.131-M05.132, M05.139,M05.141-M05.142, </td> <td data-bbox="1596 470 1726 868"> G0402, G0438- G0439, G0463, G2010, G2012, G2061- G2063, J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515- J7518, J9250, J9260, J9310- J9312, Q5103- Q5104, Q5109, T1015 </td> <td data-bbox="1726 470 2022 868"> Sulfasalazine, Cyclophosphamide, Hydroxychloroquine, Auranofin, Leflunomide, Methotrexate, Penicillamine, Abatacept, Adalimumab, Anakinra, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Sarilumab, Tocilizumab, Azathioprine, Cyclosporine, Mycophenolate mofetil, Mycophenolic acid, Baricitinib, Tofacitinib, Upadacitinib, Minocycline. </td> </tr> <tr> <td data-bbox="982 868 1213 1071"> <i>Non-acute Visit:</i> 99304-99310, 99315-99316, 99318, 99324- 99328, 99334- 99337 </td> <td data-bbox="1213 868 1596 1071"> M05.149, M05.151-M05.152, M05.159, M05.161-M05.162, M05.169, M05.171-M05.172, M05.179, M05.19-M05.20, M05.211-M05.212, M05.219, M05.221-M05.222, M05.229, </td> <td data-bbox="1596 868 1726 1071"></td> <td data-bbox="1726 868 2022 1071"></td> </tr> <tr> <td data-bbox="982 1071 1213 1372"> <i>Telephone Visit:</i> 98966-98968, 99441-99443 <i>Online Assessment:</i> 98969-98972, 99421-99423, 94444, 99458 </td> <td data-bbox="1213 1071 1596 1372"> M05.231-M05.232, M05.239... and more. </td> <td data-bbox="1596 1071 1726 1372"></td> <td data-bbox="1726 1071 2022 1372"></td> </tr> </tbody> </table>	CPT	ICD 10 CM Diagnosis	HCPCS	Medications	<i>Outpatient Visit:</i> 99201- 99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455- 99456, 99483	M05.00, M05.011-M05.012, M05.019, M05.021-M05.022, M05.029, M05.031-M05.032, M05.039, M05.041-M05.042, M05.049, M05.051-M05.052, M05.059, M05.031-M05.062, M05.069, M05.071-M05.072, M05.079, M05.09, M05.10, M05.111-M05.112, M05.119, M05.121-M05.122, M05.129, M05.131-M05.132, M05.139,M05.141-M05.142,	G0402, G0438- G0439, G0463, G2010, G2012, G2061- G2063, J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515- J7518, J9250, J9260, J9310- J9312, Q5103- Q5104, Q5109, T1015	Sulfasalazine, Cyclophosphamide, Hydroxychloroquine, Auranofin, Leflunomide, Methotrexate, Penicillamine, Abatacept, Adalimumab, Anakinra, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Sarilumab, Tocilizumab, Azathioprine, Cyclosporine, Mycophenolate mofetil, Mycophenolic acid, Baricitinib, Tofacitinib, Upadacitinib, Minocycline.	<i>Non-acute Visit:</i> 99304-99310, 99315-99316, 99318, 99324- 99328, 99334- 99337	M05.149, M05.151-M05.152, M05.159, M05.161-M05.162, M05.169, M05.171-M05.172, M05.179, M05.19-M05.20, M05.211-M05.212, M05.219, M05.221-M05.222, M05.229,			<i>Telephone Visit:</i> 98966-98968, 99441-99443 <i>Online Assessment:</i> 98969-98972, 99421-99423, 94444, 99458	M05.231-M05.232, M05.239... and more.					
	CPT	ICD 10 CM Diagnosis	HCPCS	Medications																
<i>Outpatient Visit:</i> 99201- 99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455- 99456, 99483	M05.00, M05.011-M05.012, M05.019, M05.021-M05.022, M05.029, M05.031-M05.032, M05.039, M05.041-M05.042, M05.049, M05.051-M05.052, M05.059, M05.031-M05.062, M05.069, M05.071-M05.072, M05.079, M05.09, M05.10, M05.111-M05.112, M05.119, M05.121-M05.122, M05.129, M05.131-M05.132, M05.139,M05.141-M05.142,	G0402, G0438- G0439, G0463, G2010, G2012, G2061- G2063, J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515- J7518, J9250, J9260, J9310- J9312, Q5103- Q5104, Q5109, T1015	Sulfasalazine, Cyclophosphamide, Hydroxychloroquine, Auranofin, Leflunomide, Methotrexate, Penicillamine, Abatacept, Adalimumab, Anakinra, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Sarilumab, Tocilizumab, Azathioprine, Cyclosporine, Mycophenolate mofetil, Mycophenolic acid, Baricitinib, Tofacitinib, Upadacitinib, Minocycline.																	
<i>Non-acute Visit:</i> 99304-99310, 99315-99316, 99318, 99324- 99328, 99334- 99337	M05.149, M05.151-M05.152, M05.159, M05.161-M05.162, M05.169, M05.171-M05.172, M05.179, M05.19-M05.20, M05.211-M05.212, M05.219, M05.221-M05.222, M05.229,																			
<i>Telephone Visit:</i> 98966-98968, 99441-99443 <i>Online Assessment:</i> 98969-98972, 99421-99423, 94444, 99458	M05.231-M05.232, M05.239... and more.																			

5 STAR REFERENCE GUIDE

Controlling High Blood Pressure (CBP)		(Administrative/Hybrid)	
<p>HEDIS: The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.</p>	<p>MEETING COMPLIANCE: Ensure members obtain a blood pressure screening during each visit to the office and that blood pressure is lower than 140/90.</p>		
	Description	ICD 10-CM Diagnosis	
	Hypertension	I10 JH1	
	Description	CPT	HCPCS/ CPT Cat II
	Outpatient Visit	99201- 99205, 99211-99215, 99241- 99245, 99341-99345, 99347-99350, 99381- 99387, 99391-99397, 99401-99404, 99411- 99412, 99429, 99455- 99456, 99483	G0402, G0438-G0439, G0463, T1015
	Telephone Visit	98966-98968, 99441- 99443	
	Online Assessment	98969-98972, 99421- 99423, 94444, 99458	G2010, G2012, G2061- G2063
	Remote Blood Pressure Monitoring	93784, 93788, 93790- 93791, 99453-99454, 99457, 99473-99474	
Blood pressure	93784, 93788, 93790, 99091, 99453-99454, 99457	3074F-3075F, 3077F, 3078F-3080F	

5 STAR REFERENCE GUIDE

Transitions of Care (TRC) – Notification of Inpatient Admission		(Hybrid)
<p>HEDIS: The percentage of discharges for members 18 years of age and older who had documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).</p>	<p>MEETING COMPLIANCE: Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after admission (3 total days).</p> <p>Documentation must include evidence of receipt of notification of inpatient admission that includes evidence of the date when the documentation was received. Some examples that meet criteria:</p> <ul style="list-style-type: none"> - Communication between inpatient providers or staff and the member’s PCP or ongoing care provider (e.g., phone call, email, fax). - Communication about admission between emergency department and the member’s PCP or ongoing care provider (e.g., phone call, email, fax). - Communication about admission to the member’s PCP or ongoing care provider through a health information exchange; an automated admission, or discharge and transfer (ADT) alert system. - Communication about admission with the member’s PCP or ongoing care provider through a shared electronic medical record (EMR) system. - Communication about admission to the member’s PCP or ongoing care provider from the member’s health plan. 	

5 STAR REFERENCE GUIDE

Transitions of Care (TRC) – Receipt of Discharge Information		(Hybrid)
<p>HEDIS: The percentage of discharges for members 18 years of age and older who had documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).</p>	<p>MEETING COMPLIANCE: Documentation of receipt of discharge information on the day of discharge through 2 days after discharge (3 total days).</p>	
	<p>Documentation must include evidence of receipt of discharge information on the day of discharge through 2 days after the discharge (3 days total) with evidence of the date when the documentation was received. At a minimum, the discharge information must include all of the following:</p> <ul style="list-style-type: none"> - The practitioner responsible for the member’s care during the inpatient stay. - Procedures or treatment provided. - Diagnoses at discharge. - Current medication list. - Testing results, or documentation of pending tests or no tests pending. - Instructions for patient care post-discharge. 	
Transitions of Care (TRC) – Patient Engagement After Inpatient Discharge		(Administrative/Hybrid)
<p>HEDIS: The percentage of discharges for members 18 years of age and older who had documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.</p>	<p>MEETING COMPLIANCE: Patient engagement provided within 30 days after discharge.</p>	
	<p>Documentation must include evidence of patient engagement within 30 days after discharge. Any of the following meet criteria:</p> <ul style="list-style-type: none"> - An outpatient visit, including office visits and home visits. - A telephone visit. - A synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication. 	

5 STAR REFERENCE GUIDE

	- An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not real-time, occurred between the member and provider).		
	Description	CPT	HCPCS
	Outpatient Visit	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483	G0402, G0438-G0439, G0463, T1015
	Telephone Visit	98966-98968, 99441-99443	
	Transitional Care Management Services	99495-99496	
	Online Assessments	98969-98972, 99421-99423, 99444, 99458	G2010, G2012, G2061-G2063
Transitions of Care (TRC) – Medication Reconciliation Post-Discharge			(Administrative/Hybrid)
<p>HEDIS: The percentage of discharges for members 18 years of age and older who had documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).</p>	<p>MEETING COMPLIANCE:</p> <p>Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (31 total days).</p>		
	<p>Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Some examples that meet criteria:</p>		

5 STAR REFERENCE GUIDE

	<ul style="list-style-type: none"> - Documentation of the current medications with a notation that the provider reconciled the current and discharge medications. - Documentation of the current medications with a notation that references the discharge medications or that states the discharge medications were reviewed. - Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. - Notation that no medications were prescribed or ordered upon discharge. 	
	CPT	CPT Category II
	99483, 99495-99496	1111F

5 STAR REFERENCE GUIDE

Care for Older Adults (COA)- Advance Care Planning		(Administrative/Hybrid)		
<p>HEDIS: Percentage of adults 66 years and older who had the following during the measurement year:</p> <ul style="list-style-type: none"> • Advance Care Planning 	<p>MEETING COMPLIANCE: Evidence of advance care planning must include one of the following:</p> <ul style="list-style-type: none"> - The presence of an advance care plan in the medical record on or before December 31 of the measurement year. - Documentation of an advance care planning discussion with the provider and the date when it was discussed. - Notation that the member previously executed an advance care plan. 			
	Description	CPT	CPT Category II	HCPCS
	Advance Care Planning	99483, 99497	1123F-1124F, 1157F-1158F	S0257
Care for Older Adults (COA)- Medication Review		(Administrative/Hybrid)		
<p>HEDIS: Percentage of adults 66 years and older who had the following during the measurement year:</p> <ul style="list-style-type: none"> • Medication Review 	<p>MEETING COMPLIANCE: Documentation must come from the same medical record and must include one of the following:</p> <ul style="list-style-type: none"> - A medication list in the medical record, and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed. - Notation that the member is not taking any medication and the date when it was noted. 			
	Description	CPT	CPT Category II	
	Medication Review	90863, 99483, 99605-99606	1160F	
	Description	CPT Category II	HCPCS	
	Medication List	1159F	G8427	
	Description	CPT		
	Transitional Care Management Services	99495-99496		

5 STAR REFERENCE GUIDE

Care for Older Adults (COA)- Functional Status Assessment		(Administrative/Hybrid)
<p>HEDIS: Percentage of adults 66 years and older who had the following during the measurement year:</p> <ul style="list-style-type: none"> • Functional Status Assessment 	<p>MEETING COMPLIANCE: Ensure documentation in the medical record includes evidence of a complete functional status assessment and the date when it was performed. The FSA must include one of the following:</p> <ul style="list-style-type: none"> - Activities of Daily Living: notation that ADLs were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking. - Instrumental Activities of Daily Living: notation that IADLs were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances. - The result of an assessment using a standardized functional status assessment tool. 	
	CPT	CPT Category II
	99483	1170F
		HCPCS
		G0438-G0439
Care for Older Adults (COA)- Pain Screening		(Administrative/Hybrid)
<p>HEDIS: Percentage of adults 66 years and older who had the following during the measurement year:</p> <ul style="list-style-type: none"> • Pain Screening 	<p>MEETING COMPLIANCE: Documentation in the medical record must include evidence of a pain assessment and the date when it was performed. Notations for a pain assessment must include one of the following:</p> <ul style="list-style-type: none"> - Documentation that the patient was assessed for pain (which may include positive or negative findings for pain). - Result of assessment using a standardized pain assessment tool, such as: Numeric rating scales (verbal or written), Verbal descriptor scales (5–7 Word Scales, Present Pain Inventory), Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale). 	
	CPT Category II	
	1125F, 1126F	

5 STAR REFERENCE GUIDE

Osteoporosis Management in Women who had a Fracture (OMW)		(Administrative –Claim/Encounter)	
<p>HEDIS: The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.</p>	<p>TEST REQUIRED FOR COMPLIANCE:</p> <ul style="list-style-type: none"> • BMD test (Bone Mineral Density) • Osteoporosis Therapies identified through pharmacy data which includes prescription for the following medications: <ul style="list-style-type: none"> - Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid, Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide. 		
	FRACTURE		
	CPT	HCPCS	ICD 10-CM Diagnosis
	21811-21813, 21820, 21825, 22310, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615-23616, 23620, 23625, 23630, 24500, 24505, 24515-24516, 24530, 24535, 24538, 24545-24546, 24560, 24565-24566, 24575-24577, 24579, 24582, 24650, 24655, 24665-24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525-25526, 25530, 25535, 25545, 25560, 25565, 25574-25575, and more...	S2360	M48.40XA-M48.48XA, M80.00XA, M80.011A-M80.012A, M80.80XA, M80.811A-M80.812A, M84.311A-M84.312A, S12.000A, S12.000B, S12.0131A, S22.000A, S32.000A, S42.001A, S52.001A, S62.001A, and more...
	BONE MINERAL DENSITY TEST		
	CPT		
	76977, 77078, 77080-77081, 77085-77086		
	OSTEOPOROSIS MEDICATIONS		
HCPCS			
J0897, J1740, J3110, J3489			

If you have any questions with regards to the STAR Reference Guide or the Measures found in it, please call the Quality Improvement department at (844)-895-9047.

We will be happy to work with you and answer any questions!