

To be compliant for a HEDIS® measure, valid specific criteria must be followed. Please use this guide as a reference for meeting health plan-specific HEDIS measures and apply criteria as applicable.

	Measure	HEDIS Description	STAR Label	HEDIS® Required Documentation Requirements	Codes (To Include in Claims)		
Prevention and Screening	Adult BMI Assessment (ABA)	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the calendar year or the year prior.	Checking to see if members are at a healthy weight.	<p>For members 19 years of age and younger on the date of service: medical record documentation must indicate the height, weight and BMI percentile, dated during the prior or current calendar year. The following meets criteria for BMI percentile:</p> <ul style="list-style-type: none"> BMI percentile documented as a value (e.g., 85th percentile) BMI percentile plotted on an age-growth chart <p>For members 20 years of age or older on the date of service: medical record documentation must include the weight and BMI value during the prior or current calendar year.</p> <p>Ages 19 and younger: BMI percentile is required</p> <p>Ages 20 and older: BMI value is required</p> <p>Exclusion: Member with a diagnosis of pregnancy</p>	ICD-10	Adult BMI of 19 or less	Z68.1
						Adult BMI between 20-24	Z68.20 - Z68.24
						Adult BMI between 25-29	Z68.25 - Z68.29
						Adult BMI between 30-39	Z68.30 - Z68.39
						Adult BMI of 40 or over	Z68.41 - Z68.45
Prevention and Screening	Breast Cancer Screening (BCS)	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	Breast Cancer Screening	<p>Notes: Members are numerator compliant if they had one or more mammograms any time on or between October 1 two years prior to the calendar year and December 31 of the calendar year.</p> <p>Exclusions: Members who have had a bilateral mastectomy</p>	CPT	77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067	Exclusions: Unilateral Mastectomy - 19180, 19200, 19220, 19240, 19303-19307 With a Bilateral Modifier - 50
						HCPCS	G0202, G0204, G0206
						UBREV	0401, 0403
						ICD-10	Exclusions: Bilateral Mastectomy – OHTV0ZZ, Z90.13

Medicare STAR Ratings

HEDIS® Measures Provider Documentation Guidelines and Codes - H2020

	Measure	HEDIS Description	STAR Label	HEDIS® Required Documentation Requirements	Codes (To Include in Claims)	
Prevention and Screening	Care for Older Adults (COA)	<p>The percentage of adults 66 years and older who had each of the following during the calendar year:</p> <ul style="list-style-type: none"> Medication review Functional status assessment Pain assessment 	<p>Medication Review- Yearly review of all medications and supplements being taken</p> <p>Functional Status Assessment- Yearly assessment of how well members can do activities of daily living</p> <p>Pain Assessment - Yearly pain screening or pain management</p>	<p>Medication Review: At least one medication review and the presence of a medication list in medical record during the calendar year OR date and notation that the member is not taking any medication</p> <p>Functional Status Assessment: Notation of assessment of Activities of Daily Living, notation that Instrumental Activities of Daily Living were assessed, or results of standardized functional status assessment tool</p> <p>Pain Assessment: Documentation that the member was assessed for pain or results of assessment using a standardized pain assessment tool</p>	Medication Review	CPT: 90863, 99483, 99495, 99496, 99605, 99606 CPT II: 1159F and 1160F HCPCS: G8427
					Functional Status Assessment	CPT: 99483 CPT II: 1170F HCPCS: G0438, G0439
					Pain Assessment	CPT II: 1125F, 1126F
Prevention and Screening	Colorectal Cancer Screening (COL)	<p>The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.</p> <p>Any of the following meet criteria:</p> <ul style="list-style-type: none"> Fecal occult blood test during the calendar year Flexible sigmoidoscopy during the calendar year or four years prior Colonoscopy during the calendar year or nine years prior CT colonography during the calendar year or four years prior FIT-DNA test during the calendar year or two years prior 	Colorectal Cancer Screening	<p>Documentation in the record must include a note indicating the date of the colorectal cancer screening and the result.</p> <p>Digital rectal exams (DRE) and FOBT tests performed in an office setting or performed on a sample collected via DRE are not counted towards compliance.</p> <p>Exclusions: Colorectal cancer or total colectomy</p> <p>Note: ICD-9 codes are included for historical purposes only and can no longer be used for billing.</p>	CPT	FIT-DNA: 81528 FOBT: 82270, 82274 Flexible Sigmoidoscopy: 45330-45335, 45337-45342, 45345-45347, 45349, 45350 Colonoscopy: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 CT Colonography: 74261, 74262, 74263 Total Colectomy: 44150-44153, 44155-44158, 44210-44212
					HCPCS	FIT-DNA: G0464 FOBT: G0328 Flexible Sigmoidoscopy: G0104 Colonoscopy: G0105, G0121 Colorectal Cancer: G0213-G0215, G0231
					ICD-10	Colorectal Cancer: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 Total Colectomy: ODTE0ZZ, ODTE4ZZ, ODTE7ZZ, ODTE8ZZ
					ICD-9	Flexible Sigmoidoscopy: 45.24 Colonoscopy: 45.22, 45.23, 45.25, 45.42, 45.43 Total Colectomy: 45.81, 45.82, 45.83 Colorectal Cancer: 153.0-153.9, 154.0, 154.1 197.5, V10.05, V10.06

Medicare STAR Ratings

HEDIS® Measures Provider Documentation Guidelines and Codes - H2020

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Diabetes	Comprehensive Diabetes Care (CDC) -HbA1c testing -HbA1c adequate control	The percentage of members 18 – 75 years of age with diabetes (Type 1 and Type 2) who had the following: <ul style="list-style-type: none"> Testing: who had an HbA1c test during the calendar year HbA1c control (<9.0%): whose most recent HbA1c test during calendar year is <9.0% 	Members with Diabetes whose Blood Sugar is Under Control.	Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the distinct numeric result or finding. The most recent A1c test during the calendar year is used for compliance. Exclusion: Members with a diagnosis of gestational diabetes.	CPT	Testing: 83036, 83037
					CPT II	HbA1c Level 7.0-9.0: 3045F HbA1c Level >9.0: 3046F HbA1c Level <7.0: 3044F
					LOINC	Testing: 4548-4, 4549-2, 17856-6
Diabetes	Comprehensive Diabetes Care (CDC) -Eye Exam	The percentage of members 18 – 75 years of age with diabetes (Type 1 and Type 2) who had one of the following: <ul style="list-style-type: none"> A retinal or dilated eye exam in the calendar year A negative retinal or dilated eye exam (negative for retinopathy) in the year prior to the calendar year Bilateral eye enucleation anytime through December 31 of the calendar year 	Eye Exam to Check for Damage from Diabetes.	Documentation in the medical record must include one of the following: <ul style="list-style-type: none"> A note indicating that an ophthalmoscopic exam was completed by an eye care professional, with the date and results of the procedure Chart or photograph with the date of fundus photography and evidence that an eye care professional reviewed the results Evidence of bilateral eye enucleation or acquired absence of both eyes, anytime during the member’s history through December 31 of the calendar year Documentation of a negative retinal or dilated eye exam in the year prior to the calendar year, results should indicate that retinopathy was not present Exclusion: Members with a diagnosis of gestational diabetes.	CPT	Eye Care Professional Use Only 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
					CPT II	Any Provider Type: 2022F, 2024F, 2026F, Negative Retinopathy: 3072F
					HCPCS	Eye Care Professional Use Only S0620, S0621, S3000
Diabetes	Comprehensive Diabetes Care (CDC) - Monitoring for Nephropathy	The percentage of members 18 – 75 years of age with diabetes (Type 1 and Type 2) who had the following: -Medical attention for nephropathy (nephropathy screening or monitoring test, treatment for nephropathy or ACE/ARB therapy, evidence of stage 4 chronic kidney disease, evidence of ESRD, evidence of kidney transplant, visit with a nephrologist, or at least one ACE inhibitor or ARB dispensing event)	Kidney Function Testing for Members with Diabetes.	Documentation in the medical record must include one of the following: <ul style="list-style-type: none"> Urine test for albumin or protein: Include a note indicating date when test was performed, and the result/finding Note indicating a visit to the nephrologist Note indicating a renal transplant Note indicating medical attention for diabetic nephropathy, end-stage renal disease, chronic renal failure, chronic kidney disease, renal insufficiency, proteinuria, albuminuria, renal dysfunction, acute renal failure, or dialysis ACE/ARB therapy: Documented evidence that member received ACE inhibitor/ARB therapy during the calendar year Exclusion: Members with a diagnosis of gestational diabetes.	CPT	Urine Protein Tests: 81000-81003, 81005, 82042-82044, 84156
					CPT II	Urine Protein Tests: 3060F, 3061F, 3062F Nephropathy Treatment: 3066F, 4010F
					ICD-10	Nephropathy Treatment: 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-N09, N01.0-N01.9, N02.0-N08, N14.0-M14.4, N17.0-N17.2, N17.8, N17.9, N18.1-N18.9, N19, N25.0, N25.1, N25.81, N25.89, N 25.9, 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

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	Measure	HEDIS Description	STAR Label	HEDIS® Required Documentation Requirements	Codes (To Include in Claims)	
Musculoskeletal Conditions	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	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)	Rheumatoid Arthritis Management	<p>Exclusions: Members living in a Long-term care facility, diagnosis of HIV or pregnancy</p>	ICD-10 <i>Note: These are inclusion criteria codes</i>	Rheumatoid Arthritis: M05, M06
					HCPCS	Codes to identify DMARD Medications: J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310, Q5102, Q5103, Q5104
					DMARD Medications	Sulfasalazine, Cyclophosphamide, Hydroxychloroquine, Auranofin, Leflunomide, Methotrexate, Penicillamine, Abatacept, Adalimumab, Anakinra, Certolizumab, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Sarilumab, Tocilizumab, Azathioprine, Cyclosporine, Mycophenolate, Baricitinib, Tofacitinib, Minocycline
Medication Management	Medication Reconciliation Post-Discharge (MRP)	The percentage of discharges from January 1 – December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).	Member medication records are up-to-date after hospital discharge. Discharge medications are reconciled with the most recent medication list in the outpatient medical record.	<p>Documentation in the outpatient medical record include evidence of medication reconciliation and date. Any of the following meets criteria:</p> <ul style="list-style-type: none"> Documentation of current medications with a note that the provider reconciled current and discharge medications Documentation of current medications with a note that references the discharge medications Documentation of the member’s current medications with a note that the discharge medications were reviewed Documentation of a current medication list, a discharge medication list, and note that both lists were reviewed on the same date Documentation of the current medications with evidence of medication reconciliation or review Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record Note that no medications were prescribed or ordered upon discharge <p>Note: Medication reconciliation can be by a prescribing practitioner, clinical pharmacist, or register nurse</p>	CPT	99483, 99495, 99496
					CPTII	1111F

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	Measure	HEDIS Description	STAR Label	HEDIS® Required Documentation Requirements	Codes (To Include in Claims)	
Musculoskeletal Conditions	Osteoporosis Management in Women who had a Fracture (OMW)	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.	Osteoporosis Management	Note: The Intake Period is a 12-month window that begins July 1 of the year prior to the calendar year and ends on June 30 of the calendar year. The intake period is used to capture the first fracture.	Osteoporosis Medications	Alendronate, Alendronate-cholecalciferol, Zoledronic acid, Risedronate, Ibandronate, Denosumab, Abaloparatide, Raloxifene, Teriparatide
					HCPCS	J0897, J1740, J3110, J3489, J0897
					ICD-10	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
					CPT	76977, 77078, 77080-77082, 77085, 77086
Cardiovascular Conditions	Statin Therapy for Patients with Cardiovascular Disease (SPC)	<p>The percentage of males 21-75 years of age and females 40-75 years of age during the calendar year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <p><u>Received Statin Therapy:</u> Members who were dispensed at least one high or moderate-intensity statin medication during the calendar year.</p>	Members with heart disease get the most effective drugs to treat high cholesterol.	<p>Exclusions:</p> <ul style="list-style-type: none"> Members with a diagnosis of pregnancy or in vitro fertilization during the calendar year or year prior Members dispensed at least one prescription for clomiphene during the calendar year or year prior Members with ESRD and/or cirrhosis during the calendar year or year prior Members with myalgia, myositis, myopathy, or rhabdomyolysis during the calendar year 	Statin Medications	<p>High Intensity Medications: Atorvastatin 40-80mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimibe-simvastatin 80mg</p> <p>Moderate Intensity Medications: Atorvastatin 10-20mg, Amlodipine-atorvastatin 10-20mg, Rosuvastatin 5-10mg, Simvastatin 20-40mg, Ezetimibe-simvastatin 20-40mg, Pravastatin 40-80mg, Lovastatin 40mg, Fluvastatin 40-80mg, Pitavastatin 2-4mg</p>