



Prevention and Screening

<p>Colorectal Cancer Screening (COL)</p>	<p>Members 45 - 75 years of age with documentation in the medical record indicating the date appropriate screening for colorectal cancer was performed.</p> <p>Appropriate screenings are defined by one of the following criteria:</p> <ul style="list-style-type: none"> • FOBT during the measurement year (2023). • Flexible Sigmoidoscopy during the measurement year or in the four years prior to the measurement year (2019, 2020, 2021, 2022, 2023). • Colonoscopy during the measurement year or in the nine years prior to the measurement year (2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023). • Stool DNA (sDNA) with FIT test during the measurement year or in the two years prior to the measurement year (2021, 2022, 2023). • CT Colonography (“virtual colonoscopy”) during the measurement year or in the four years prior to the measurement year (2019, 2020, 2021, 2022, 2023). 	<p>FOBT CPT: 82270, 82274 HCPCS: G0328</p> <p>Flexible Sigmoidoscopy CPT: 45330-45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 HCPCS: G0104</p> <p>Colonoscopy CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 <u>CPT Codes Used Prior to 1/1/2015:</u> 44393, 44397, 45355, 45383, 45387 HCPCS: G0105, G0121</p> <p>sDNA FIT CPT: 81528</p> <p>CT ColonographyCPT: 74261, 74262, 74263</p>
<p>Breast Cancer Screening (BCS)</p>	<p>Women 50 - 74 years of age who had a mammogram to screen for breast cancer any time on or between October 1, 2021, and December 31, 2023.</p>	<p>Screening Tests CPT: 77061, 77062, 77063, 77065, 77066, 77067</p>
<p>Osteoporosis Screening in Older Women (OSW)</p>	<p>Women 65 - 75 years of age during the measurement year who received one or more osteoporosis screening tests on or between the member’s 65th birthday and December 31, 2023.</p>	<p>Osteoporosis Screening Tests CPT: 76977, 77078, 77080, 77081, 77085</p>
<p>Advance Care Planning (ACP)</p>	<p>Adults 66 - 80 years of age with advanced illness, an indication of frailty, or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year 2023.</p> <p>Advance care planning is a discussion or documentation about preferences for resuscitation, life-sustaining treatment, and end of life care.</p>	<p>Advance Care Planning: CPT: 99483, 99497 CPT II: 1123F, 1124F, 1157F, 1158F HCPCS: S0257 ICD-10-CM: Z66 (Do Not Resuscitate)</p>

Prevention and Screening

<p>Care for Older Adults*</p> <p><i>*For Dual-Eligible Special Needs Plan Members</i></p>	<p>Adults 66 years of age and older who had each of the following 3 items during 2023.</p> <ol style="list-style-type: none"> 1. Medication Review – Either of the following meets criteria: <ul style="list-style-type: none"> At least one medication review conducted by a prescribing practitioner or clinical pharmacist in 2023 AND the presence of a medication list in the medical record. OR Transitional Care Management Services during 2023. <ol style="list-style-type: none"> 2. Functional Status Assessment - A complete functional status assessment performed during 2023 as documented in the medical record (e.g., ADL assessment, IADL assessment, results of a standardized functional status assessment). <ol style="list-style-type: none"> 3. Pain Assessment - At least one pain assessment performed during the measurement year as documented in the medical record. <p>Note: Do not include any of the above reviews or assessments performed in an acute inpatient setting.</p>	<p><u>Medication Review</u> CPT: 90863, 99483, 99605, 99606</p> <p>CPT II: 1160F</p> <p><u>Medication List</u> CPT II: 1159F</p> <p>HCPCS: G8427</p> <p><u>Transitional Care Management Services</u> CPT: 99495, 99496</p> <p><u>Functional Status Assessment</u> CPT: 99483 CPT II: 1170F HCPCS: G0438, G0439</p> <p><u>Pain Assessment</u> CPT II: 1125F, 1126F</p>
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Cardiovascular Conditions

<p>Controlling High Blood Pressure (CBP)</p>	<p>Adults 18 - 85 years of age with a diagnosis of hypertension (HTN) and BP adequately controlled at 139/89 mmHg or less during the measurement year.</p> <p>(Last recorded outpatient blood pressure reading in 2023).</p> <p>Note: BP ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP is required.</p>	<p><u>Blood Pressure Reading:</u></p> <p>CPT II:</p> <ul style="list-style-type: none"> 3074F (systolic <130 mmHg) 3075F (systolic =130-139 mmHg) 3077F (systolic ≥140 mmHg) 3078F (diastolic <80 mmHg) 3079F (diastolic = 80-89 mmHg) 3080F (diastolic ≥90 mmHg)
<p>Statin Therapy for Patients with Cardiovascular Disease (SPC)</p>	<p>Males 21 - 75 years of age and Females 40 - 75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates will be reported:</p> <ol style="list-style-type: none"> 1. Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. 2. Statin Adherence 80%. Members who remained on a high-intensity or moderate- intensity statin medication for at least 80% of the treatment period. 	<p><u>High-Intensity Statin Therapy:</u></p> <ul style="list-style-type: none"> Atorvastatin 40-80 mg Amlodipine-atorvastatin 40-80 mg Rosuvastatin 20-40 mg Simvastatin 80 mg Ezetimibe-simvastatin 80 mg <p><u>Moderate-Intensity Statin Therapy:</u></p> <ul style="list-style-type: none"> 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 40 mg Fluvastatin 40-80 mg Pitavastatin 1-4 mg

Cardiovascular Conditions

<p>Cardiac Rehabilitation (CRE)</p>	<p>Members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction (MI), percutaneous coronary intervention (PCI), coronary artery bypass grafting (CABG), heart and heart/lung transplantation or heart valve repair or replacement. Four rates are reported:</p> <ol style="list-style-type: none"> 1. Initiation – members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event. 2. Engagement 1 – members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event. 3. Engagement 2 - members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event. 4. Achievement - members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event. <p>The intake period for this measure starts on July 1st of the year prior to the measurement year (2022) and ends on June 30th of the measurement year (2023). July 1st (2023) starts the intake period for measurement year 2024.</p>	<p>Cardiac Rehabilitation</p> <p>CPT: 93797 – Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session). 93798 – Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session). HCPCS: G0422 – Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session. G0423 – Intensive cardiac rehabilitation; with or without continuous ECG monitoring without exercise, per session. S9472* – Cardiac rehabilitation program, non-physician provider, per diem.</p> <p>* Not payable by Medicare.</p>
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Diabetes

<p>Hemoglobin A1c Control for Patients with Diabetes (HBD)</p>	<p>Members 18 – 75 years of age with diabetes (types 1 and 2) who have documentation in their medical record indicating the date and result of the following test during the measurement year:</p> <p style="text-align: center;">Hemoglobin A1c</p> <p>Documentation in the medical record must include the date when the last HbA1c test was performed in 2023 and the test result.</p>	<p>Hemoglobin A1c Tests (Lab draw) CPT: 83036, 83037</p> <p>Hemoglobin A1c Test (Results) CPT II: 3044F (<7.0%) 3051F (≥ 7.0% and < 8.0%) 3052F (≥ 8.0% and ≤ 9.0%) 3046F (> 9.0%)</p>
<p>Blood Pressure Control for Patients with Diabetes (BPD)</p>	<p>Members 18 – 75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled at 139/89 mmHg or less during the measurement year.</p> <p>Documentation in the outpatient medical record must include the date when the last, most recent BP was taken in 2023.</p> <p>Note: BP ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP is required.</p>	<p>BP Reading</p> <p>CPT II: 3074F (systolic <130 mmHg) 3075F (systolic 130-139 mmHg) 3077F (systolic ≥140 mmHg) 3078F (diastolic <80 mmHg) 3079F (diastolic = 80-89 mmHg) 3080F (diastolic ≥90 mmHg)</p>

Diabetes

<p>Eye Exam for Patients with Diabetes (EED)</p>	<p>Members 18 – 75 years of age with diabetes (types 1 and 2) who had a retinal eye exam in 2023 or a “negative for retinopathy” exam result in 2022.</p>	<p>Retinal Screening</p> <p>CPT: 67028, 67030-67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 <u>CPT Codes Used Prior to 1/1/2020:</u> 92225-92226</p> <p>CPT II: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F</p> <p>HCPCS: S0620*, S0621*, S3000* *Not payable by Medicare.</p> <p>Automated Eye Exam CPT: 92229</p>
<p>Kidney Health Evaluation for Patients with Diabetes (KED)</p>	<p>Members 18 - 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation in the measurement year, evidenced by BOTH an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR), during the measurement year.</p>	<p>CPT: eGFR Tests: 80047, 80048, 80050, 80053, 80069, 82565</p> <p>Quantitative Urine Albumin Test: 82043</p> <p>Urine Creatinine Test: 82570</p>
<p>Statin Therapy for Patients with Diabetes (SPD)</p>	<p>Members 40 - 75 years of age during the measurement year with diabetes who DO NOT have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:</p> <ol style="list-style-type: none"> 1. Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year. 2. Statin Adherence 80%. Members who remained on statin medication of any intensity for at least 80% of the treatment period. 	<p>High-Intensity Statin Therapy:</p> <ul style="list-style-type: none"> • Atorvastatin 40-80 mg • Amlodipine-atorvastatin 40-80 mg • Rosuvastatin 20-40 mg • Simvastatin 80 mg • Ezetimibe-simvastatin 80 mg <p>Moderate-Intensity Statin Therapy:</p> <ul style="list-style-type: none"> • 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 40 mg • Fluvastatin 40-80 mg • Pitavastatin 1-4 mg <p>Low-Intensity Statin Therapy:</p> <ul style="list-style-type: none"> • Ezetimibe-simvastatin 10 mg • Fluvastatin 20 mg • Lovastatin 10-20 mg • Pravastatin 10-20 mg • Simvastatin 5-10 mg

Musculoskeletal Conditions

Osteoporosis Management in Women Who Had a Fracture (OMW)

Women 67 - 85 years of age who suffered a fracture and who had a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Please note:

- The intake period for this measure starts on July 1st of the year prior to the measurement year **(2022)** and ends on June 30th of the measurement year **(2023)**.
- **July 1, 2023**, starts the intake period for measurement year **2024**.
- Fractures of fingers, toes, face and/or skull are not included in this measure.

Bone Mineral Density Tests

CPT: 76977, 77078, 77080, 77081, 77085, 77086

ICD-10-PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

Medications

HCPCS: J0897, J1740, J3110, J3111, J3489

Bisphosphonates: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid

Other Agents: Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide

Care Coordination

Transitions of Care (TRC)

The percentage of inpatient discharges on or between 1/1/2023 and 12/1/2023 for members 18 years of age and older who had each of the following. Four rates are reported:

1. **Notification of Inpatient Admission**— documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).
2. **Receipt of Discharge Information**— documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).
3. **Patient Engagement After Inpatient Discharge**— documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge (do not include patient engagement that occurs on the date of discharge).
4. **Medication Reconciliation Post-Discharge**— documentation of medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse on the date of discharge through 30 days after discharge (31 total days).

Transitional Care Management Services

CPT: 99495, 99496

Medication Reconciliation Post-Discharge

CPT: 99483, 99495, 99496

CPT II: 1111F

Coding Education Available for Medicare Advantage Providers

Health Care Service Corporation (HCSC) Blue Cross Medicare Advantage has a team of Coding Compliance Specialists who offer coding and documentation education to assist providers in accurately capturing and documenting patient conditions. The Coding Compliance Specialists are available to help contracted Medicare Advantage providers with education on coding practices and to assist providers with questions about industry coding standards. The education may be especially helpful to physicians, coders, administrators, office, and billing staff.

Why This is Important

Capturing patient diagnoses in the medical record assists providers and health plans in increasing health outcomes and coordinating care. In addition, the Centers for Medicare & Medicaid Services (CMS) risk adjustment program requires that all chronic conditions submitted through claims data have adequate medical documentation. The Coding Compliance Specialists documentation and coding reviews help clinicians provide the necessary support in the medical record.

WHAT WE OFFER

Coding Documentation and Education

- CMS MA documentation requirements (risk adjustment overview)
- Diagnosis-specific, coding education

Coding Support

- Chart reviews based on data analytics and coding and documentation trends
- Annual health assessments
- Coding accuracy
- CMS and industry documentation guidelines

Data

- Supplemental reporting to assist with risk adjustment efforts and improving accuracy of patient Hierarchical - Condition Category (HCC) scores

PROGRAM AIMED TO HELP PROVIDERS ACHIEVE:

- Coding accuracy
- Documented Monitoring, Evaluating, Assessing/Addressing and Treating (MEAT)
- Highest level of specificity
- Supporting documentation for all conditions and diagnoses documented
- **All** active conditions documented and submitted on the claim

If you're interested in this program, have your Blue Cross Medicare Advantage HMO Medical Group/Independent Practice Association (MG/IPA) administrator contact their Provider Network Consultant (PNC).

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty, or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly.