

PROVIDER MEASURE OVERVIEW 2013

CHILDHOOD IMMUNIZATIONS (CIS)

Measure: Percentage of children who turn two in the measurement year who had the following immunizations:

Applies to: children up to 2 years of age

For MMR, Hepatitis B and VZV, count any of the following:

- Evidence of the antigen or combination vaccine
- Documented history of the illness
- A seropositive test result
- 4 DtaP, Do not count doses given prior to 42 days after birth.
- 3 IPV, Do not count doses prior to 42 days after birth.
- 1 MMR, at least 1 MMR.
- 3 Hib, Do not count doses prior to 42 days after birth.
- 3 Hepatitis B, 1 VZV
- 4 pneumococcal conjugate

**To be compliant, all vaccines must be administered on or before the child's 2nd birthday.*

ADOLESCENT IMMUNIZATIONS (IMA)

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

Table IMA-A: Codes to Identify Adolescent Immunizations

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

HUMAN PAPILLOMAVIRUS (HPV)

The percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Table HPV-A: Codes to Identify HPV Immunization for Female Adolescents

Immunization	CPT
HPV	90649, 90650

LEAD SCREENING IN CHILDREN (LSC)

Measure: The percentage of children who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Applies to: children up to 2 years of age

At least one capillary or venous blood test for lead on or before the member's 2nd birthday.

Table LSC-A: Codes to Identify Lead Tests

CPT	LOINC
83655	5671-3, 5674-7, 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3

WELL CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (W15)

Measure: Percentage of children who have six (6) well child visits by a PCP by 15 months of age.

Applies to Children up to 15 months of age.

Note: All well visits for every age group (including adolescent) must include the following three components:

- Physical exam
- Development (physical and mental)
- Health Education/Anticipatory Guidance

Table W15-A: Codes to Identify Well-Child Visits

CPT	HCPCS	ICD-9-CM Diagnosis
99381, 99382, 99391, 99392, 99432, 99461	G0438, G0439	V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

WELL CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE (W34)

Measure: The percentage of children who have had one (1) well child visit within the measurement year.

Applies to children 3-6 years of age

Table W34-A: Codes to Identify Well-Child Visits

CPT	HCPCS	ICD-9-CM Diagnosis
99382, 99383, 99392, 99393	G0438, G0439	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

- BMI percentile documentation*
- Counseling for nutrition
- Counseling for physical activity

**Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

Table WCC-B: Codes to Identify BMI Percentile, Counseling for Nutrition and Counseling for Physical Activity

Description	CPT	ICD-9-CM Diagnosis	HCPCS
BMI percentile		V85.5	
Counseling for nutrition	97802-97804	V65.3	G0270, G0271, S9449, S9452, S9470
Counseling for physical activity		V65.41	S9451

ADOLESCENT WELL-CARE VISITS (AWC)

Measure: The percentage of children who have had one (1) well child visit within the measurement year.
Applies to children 12-21 years of age.

**See HEDIS 2009 Quick Reference Billing Codes – Well Child Visits and Immunizations*

Table AWC-A: Codes to Identify Adolescent Well-Care Visits

CPT	HCPCS	ICD-9-CM Diagnosis
99383-99385, 99393-99395	G0438, G0439	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS (CWP)

The percentage of children 2–18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Table CWP-A: Codes to Identify Pharyngitis

Description	ICD-9-CM Diagnosis
Acute pharyngitis	462
Acute tonsillitis	463
Streptococcal sore throat	034.0

Table CWP-D: Codes to Identify Group A Streptococcus Tests

CPT	LOINC
87070, 87071, 87081, 87430, 87650-87652, 87880	626-2, 5036-9, 6556-5, 6557-3, 6558-1, 6559-9, 11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 60489-2, 68954-7

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)

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.

Table URI-A: Codes to Identify URI

Description	ICD-9-CM Diagnosis
Acute nasopharyngitis (common cold)	460
URI	465

BREAST CANCER SCREENING (BCS)

Measure: Percentage of women 40-69 who had a mammogram to screen for breast cancer.

Applies to: Women, age 42-69

Received a mammogram in the measurement year or the year prior to the measurement year.

*The purpose of this measure is to evaluate primary screening. Do not count biopsies, breast ultrasounds or MRIs for this measure.

Table BCS-A: Codes to Identify Breast Cancer Screening

CPT	HCPCS	ICD-9-CM Procedure	UB Revenue
77055-77057	G0202, G0204, G0206	87.36, 87.37	0401, 0403

CERVICAL CANCER SCREENING (CCS)

Measure: Women who have received at least one PAP screening.

Applies to women 24-64.

Received at least one PAP screening during the measurement year.

Table CCS-A: Codes to Identify Cervical Cancer Screening

CPT	HCPCS	ICD-9-CM Procedure	UB Revenue	LOINC
88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	91.46	0923	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

CHLAMYDIA SCREENING IN WOMEN (CHL)

Measure: Sexually active women who received one or more chlamydia test during the measurement year

Applies to women 16-24

Received one or more chlamydia test during the measurement year. Chlamydia screening can be a urine test.

Table CHL-C: Codes to Identify Chlamydia Screening

CPT	LOINC
87110, 87270, 87320, 87490-87492, 87810	557-9, 560-3, 4993-2, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 50387-0, 53925-4, 53926-2

ADULT BMI ASSESSMENT (ABA)

Measure: The percentage of members 18–74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior the measurement year.

Applies to members 18- 74 years of age.

A dated BMI documented in the member record at least every other year at an outpatient visit.

Table ABA-B: Codes to Identify BMI

ICD-9-CM Diagnosis
V85.0-V85.5

CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS (CMC)

Measure: Percentage of members 18-75 years of age who were discharged alive for acute myocardial infarction (AMI) coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 – November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior and had:

- LDL-C screening
- LDL-C control (<100 mg/dl)

Table CMC-D: Codes to Identify LDL-C Screening

CPT	CPT Category II	LOINC
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F	2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2, 49132-4, 55440-2

CONTROLLING HIGH BLOOD PRESSURE (CBP)

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. Use the Hybrid Method for this measure.

Table CBP-A: Codes to Identify Hypertension

Description	ICD-9-CM Diagnosis
Hypertension	401

PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK (PBH)

The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Table PBH-A: Codes to Identify AMI

Description	ICD-9-CM Diagnosis
AMI	410.x1*

Table PBH-B: Beta-Blocker Medications

Description	Prescription
Noncardioselective beta-blockers	<ul style="list-style-type: none"> • Carteolol • Carvedilol • Labetalol • Nadolol • Penbutolol • Pindolol • Propranolol • Timolol • Sotalol
Cardioselective beta-blockers	<ul style="list-style-type: none"> • Acebutolol • Atenolol • Betaxolol • Bisoprolol • Metoprolol • Nebivolol
Antihypertensive combinations	<ul style="list-style-type: none"> • Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol

Note: NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 15, 2012.

MEDICAL ASSISTANCE WITH SMOKING & TOBACCO USE CESSATION (MSC)

The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation.

- **Advising Smokers and Tobacco Users to Quit.** A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year.
- **Discussing Cessation Medications.** A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.

- **Discussing Cessation Strategies.** A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year.

COMPREHENSIVE DIABETES CARE (CDC)

Measure: The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- * Hemoglobin A1c (HbA1c) testing
- ** **HbA1c poor control (>9.0%)**
- * HbA1c good control (<7.0%)
- * HbA1c good control (<8.0%)
- * Eye exam (retinal) performed
- ** Will be monitored for increased control
- * LDL-C screening
- * LCL-C Control (<100 mg/dl)
- * Medical attention for nephropathy
- * Blood pressure control (<140/80 mm hg)
- * Blood pressure control (<140/ 90 mm hg)

Applies to: Diabetics, ages 18-75

Labs should be obtained at least once in the measurement year.

Evidence of Medical attention for nephropathy could be any one of the following:

- A nephropathy screening test
- Claim with a code to indicate evidence of nephropathy
- A nephrologist visit during the measurement year
- A positive urine macroalbumin test in the measurement year. A “trace” urine macroalbumin result are not compliant
- Evidence of ACE inhibitor/ARB therapy during the measurement year.

** To be compliant, the HbA1c, the LDL-C and the blood pressure must be the last one of the measurement year.*

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

The percentage of members 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.

Table LBP-A: Codes to Identify Low Back Pain

ICD-9-CM Diagnosis
721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.7, 738.5, 739.3, 739.4, 846, 847.2

Table LBP-C: Codes to Identify Exclusions (Clinically Appropriate Indications for Low Back Imaging)

Description	ICD-9-CM Diagnosis
Cancer	140-209, 230-239, V10
Trauma	800-839, 850-854, 860-869, 905-909, 926.11, 926.12, 929, 952, 958-959
IV drug abuse	304.0-304.2, 304.4, 305.4-305.7
Neurologic impairment	344.60, 729.2

USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA (ASM)

Measure: The percentage of people age 5-64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medications during the measurement year.

Applies to: People 5-64 who have persistent Asthma.

To be in the measure, the member must have met at least one of the following criteria:

- At least one ED visit w/asthma as principal diagnosis
- At least one acute inpatient discharge w/asthma as principal diagnosis
- At least four outpatient visits w/asthma a principal diagnosis
- At least four asthma medication dispensing events

*To be compliant, there needs to be at least one prescription for a preferred therapy during the measurement year (Table ASM-D).

Table ASM-D: Preferred Asthma Therapy Medications

Description	Prescriptions		
Anti-asthmatic combinations	Dyphylline-guaifensein	Guaifensin-theophylline	Potassium iodide-theophylline
Antibody inhibitor	omalizumab		
Inhaled steroid combinations	Budesonide-formoterol	Fluticasone-salmeterol	
Inhaled corticosteroids	Beclomethasone budesonide	Flunisolide Fluticasone CFC free	Mometasone triamcinolone
Leukotriene modifiers	monfelukast	zafirluklast	zileuton
Mast cell stabilizers	Cromolyn	Nedocromil	
Methylxanthines	Aminophylline dyphlline	Oxtriphylline theophylline	

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)

The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Table ASM-D: Preferred Asthma Therapy Medications

Description	Prescriptions		
Anti-asthmatic combinations	Dyphylline-guaifensein	Guaifensin-theophylline	Potassium iodide-theophylline
Antibody inhibitor	omalizumab		
Inhaled steroid combinations	Budesonide-formoterol	Fluticasone-salmeterol	
Inhaled corticosteroids	Beclomethasone budesonide	Flunisolide Fluticasone CFC free	Mometasone triamcinolone
Leukotriene modifiers	monfelukast	zafirluklast	zileuton
Mast cell stabilizers	Cromolyn	Nedocromil	
Methylxanthines	Aminophylline dyphlline	Oxtriphylline theophylline	

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (AAB)

Measure: The percentage of adults 18–64 years of age in the measurement year with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Applies to members 18–64 years of age with an outpatient or ED visit with a diagnosis of acute bronchitis.

Note: Comorbidities are considered in the rate calculation.

USE OF SPIROMETRY TESTING IN THE ASSESSMENT & DIAGNOSIS OF COPD (SPR)

The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Table SPR-A: Codes to Identify COPD

Description	ICD-9-CM Diagnosis
Chronic bronchitis	491
Emphysema	492
COPD	493.2, 496

Table SPR-B: Codes to Identify Spirometry Testing

Description	CPT
Spirometry	94010, 94014-94016, 94060, 94070, 94375, 94620

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

Measure: The percentage of members with COPD exacerbations who had an acute inpatient discharge or an ED encounter and who were dispensed appropriate medications.

Applies to members 40 years old as of January 1 of the measurement year who had an acute discharge or ed encounter.

1. Dispensed a systemic corticosteroid within 14 days of the event
2. Dispensed a bronchodilator within 30 days of the event

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- *Initiation Phase.* The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- *Continuation and Maintenance (C&M) Phase.* The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Table ADD-C: Codes to Identify Follow-Up Visits

CPT	HCPCS	UB Revenue	
90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983	
CPT	POS		
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	<i>WITH</i>	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72	
99221-99223, 99231-99233, 99238, 99239, 99251-99255	<i>WITH</i>	52, 53	

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.

- *Effective Acute Phase Treatment.* The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment.* The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

Table AMM-A: Codes to Identify Major Depression

Description	ICD-9-CM Diagnosis
Major depression	296.20-296.25, 296.30-296.35, 298.0, 311

Table AMM-C: Antidepressant Medications

Description	Prescription	
Miscellaneous antidepressants	• Bupropion	• Vilazodone
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone

Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine	• Fluoxetine-olanzapine
SSNRI antidepressants	• Desvenlafaxine • Duloxetine	• Venlafaxine
SSRI antidepressants	• Citalopram • Escitalopram	• Fluoxetine • Fluvoxamine • Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine	• Desipramine • Doxepin • Imipramine • Nortriptyline • Protriptyline • Trimipramine

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a **mental health practitioner**. Two rates are reported.

- The percentage of discharges for which the member received follow-up within 30 days of discharge
- The percentage discharges for which the member received follow-up within 7 days of discharge

Table FUH-A: Codes to Identify Mental Health Diagnosis

ICD-9-CM Diagnosis
295–299, 300.3, 300.4, 301, 308, 309, 311–314

FREQUENCY OF ONGOING PRENATAL CARE (FPC)

The percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits.

- <21 percent of expected visits
- 21 percent–40 percent of expected visits
- 41 percent–60 percent of expected visits
- 61 percent–80 percent of expected visits
- ≥81 percent of expected visits

This measure uses the same denominator as the *Prenatal and Postpartum Care* measure.

PRENATAL AND POSTPARTUM CARE (PPC)

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- *Timeliness of Prenatal Care*. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.

-
- *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS (MPM)

The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)

- Annual monitoring for members on digoxin
- Annual monitoring for members on diuretics
- Annual monitoring for members on anticonvulsants
- Total rate (the sum of the four numerators divided by the sum of the four denominators)

Note: NCQA has posted a comprehensive list of medications and NDC codes to www.ncqa.org.