

Evidence Based Care Report (EBCR) Measure Specifications for PGIP 2009 Program Year

Source: BCBSM PGIP Program

Released: February 2009

The following document contains a 1-page summary that provides an overview of changes to the 2009 EBCR measures. Immediately following that are the measurement specs (including definitions of the eligible population, continuous enrollment, numerator, denominator, exclusions and codes to identify the conditions and treatments/tests) for each of the following measures.

A. Current Measures

Adult Prevention

1. Breast Cancer Screening
2. Cervical Cancer Screening

Antibiotic Usage

3. Appropriate Treatment for Children with an Upper Respiratory Infection
4. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Child/Adolescent Prevention

5. Adolescent Well Care Visits
6. Adolescent Immunization Status
7. Childhood Immunization Status (Combo 3)
8. Well Child Visits in the First 15 Months of Life
9. Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Chronic Obstructive Pulmonary Disease (COPD)

10. Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Congestive Heart Failure (CHF)

11. LDL-C Screening
12. Rate of ACE/ARB
13. ACE/ARB Continuation and Persistence

Coronary Artery Disease (CAD)

14. Persistence of Beta-Blocker Treatment After a Heart Attack
15. LDL-C Screening
16. Lipid Lowering Drug Rate
17. Statin Use

Diabetes*

18. HbA1c Testing
 19. LDL-C Screening Test
 20. Monitor for Nephropathy
 21. Lipid Lowering Drug Rate
 22. Statin Use
 23. ACE/ARB Use with Comorbid CHF
 24. ACE/ARB Use with Comorbid Nephropathy
 25. ACE/ARB Use with Comorbid Hypertension
- * includes a separate spec that provides all information on the detail behind the diabetes denominator

Low Back Pain

26. Use of Imaging Studies for Low Back Pain

B. New Measures for 2009

27. Antidepressant Medication Management
28. Medication Management: Annual Monitoring for Patients on Persistent Medications

Retired Measures for 2009: The following three measures were retired for the 2009 EBCR:

Use of Appropriate Medications for People With Asthma (combined)

CAD: Beta-Blocker Treatment After a Heart Attack

CHF: Beta-Blocker Prescription over Last 12 Months

Measure	Changes to 2009 EBCR Measures
Diabetes	
HbA1c Testing	<ul style="list-style-type: none"> • Age requirement change to 18 - 75 years of age* • Added Amylin Analogs (Prescriptions to identify members with diabetes)** • Deleted CPT code 99499 (Code to identify visit type)** • Deleted CPT codes 83715, 83716 (Codes to identify LDL-C Screening)** • Deleted DRG codes to identify Diabetes and codes to identify evidence of Nephropathy**
LDL-C Screening	
Monitor for Nephropathy	
Lipid Lowering Drug Rate	
Statin Use	
ACE/ARB Use with Comorbid CHF	
ACE/ARB Use with Comorbid Nephropathy	
ACE/ARB Use with Comorbid Hypertension	
Congestive Heart Failure	
LDL-C Screening	No Change
Rate of ACE/ARB	No Change
ACE/ARB Continuation and Persistence	No Change
Coronary Artery Disease/Ischemic Heart Disease	
LDL-C Screening	<ul style="list-style-type: none"> • Deleted CPT codes 35600, 33572, 92981, 92984, 92996 (Codes to identify AMI, PTCA, and CABG)** • Deleted ICD-9 procedure codes 36.01, 36.02, 36.05 (Codes to identify AMI, PTCA, and CABG)** • Added ICD-9-CM diagnosis codes 414.2, 440.4 (Codes to Identify IVD)** • Deleted DRG codes to identify AMI, PTCA, CABG, and IVD** • Deleted CPT codes 99499 (Codes to identify visit type)** • Deleted CPT codes 83715, 83716 (Codes to identify LDL-C Screening)**
Persistence of Beta Blocker Treatment after an AMI	
Lipid Lowering Drug Rate	
Statin Use	
Preventive	
Breast Cancer Screening	<ul style="list-style-type: none"> • Removed age stratifications** • Added HCPCS codes G0204, G0206** • Added UB-04 Revenue code 0401** • Deleted CPT code 76083**
Cervical Cancer Screening	<ul style="list-style-type: none"> • Added LOINC code 47528-5** • Added CPT codes 58570–58573**
Adolescent Immunization	No Change
Childhood Immunization Status	<ul style="list-style-type: none"> • Revised the required number of doses for the Hib vaccine due to the vaccine shortage**
Well Child Visits (all three cohorts)	<ul style="list-style-type: none"> • Removed two data elements: Number of Administrative and Medical Records Excluded**
Other	
Antibiotics: Appropriate Use for URI	<ul style="list-style-type: none"> • Deleted CPT code 99499**
Antibiotics: Inappropriate Use for Bronchitis	<ul style="list-style-type: none"> • Deleted CPT code 99499** • Deleted optional data elements**
Use of Spirometry in Assessment and Diagnosis of COPD	Added CPT code 94375 (Codes to Identify Spirometry testing)**
Use of Imaging for Low Back Pain	<ul style="list-style-type: none"> • Deleted CPT code 99499 ** • Added ICD-9-CM Diagnosis code V10**
New EBCR Measures for 2009	
Medication Management: Annual Monitoring for Patients on Persistent Medications	
Antidepressant Medication Management	

* BCBSM Change

** HEDIS 2009 Change

Evidenced Based Care Report (EBCR) Measure Specifications

#1 Breast Cancer Screening - percentage of members who have had a mammogram during the measurement year, or year prior to the measurement year

Source: HEDIS 2009

Eligible population: Women members 40-69 years of age as of December 31 of the measurement year

Continuous enrollment: Members must be continuously enrolled during the measurement year and the year prior to the measurement year. No more than one gap in enrollment of up to 45 days during each year of continuous enrollment is allowed.

Denominator: Eligible population

Numerator: 1 or more mammograms during the measurement year or the year prior to the measurement year. A woman had a mammogram if a submitted claim/encounter contains any one of the codes mentioned below in "Codes to Identify Breast Cancer Screening".

Exclusions: Women who had a bilateral mastectomy by and through December 31 of the measurement year (looking back 2 years in the member's history) and for whom administrative (claims) data do not indicate a mammography was performed.

~ Please refer below for "Codes to Identify Exclusions".

Note: As of 4th quarter 2008, BCBSM began looking back 4 years (instead of 2) in the member's history for exclusionary criteria. Also, BCBSM plans to eventually include an ongoing list of members who were excluded from this measure's calculation due to criteria listed in this report.

Codes to Identify Breast Cancer Screening

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue
76090 - 76092, 77055 - 77057	G0202 G0204 G0206	V76.11, V76.12	87.36, 87.37	0401 403

Codes to Identify Exclusions

Description	CPT	ICD-9-CM Procedure
Bilateral mastectomy	19180.50, 19200.50, 19220.50, 19240.50, 19303.50, 19304.5, 19305.5, 19306.5, 19307.5	85.42, 85.44, 85.46, 85.48
Unilateral mastectomy (two separate occurrences on two different dates of service)	19180, 19200, 19220, 19240, 19303, 19304, 19180, 19305, 19306, 19307	85.41, 85.43, 85.45, 85.47

Note: Biopsies, breast ultrasounds, and diagnostic mammograms should not be counted as they are not primary screening procedures

Evidenced Based Care Report (EBCR) Measure Specifications**#2 Cervical Cancer Screening** - percentage of women members who had a Pap during the measurement year, or the two years prior to the measurement year**Source:** HEDIS 2009**Eligible population:** Women members 24-64 years of age as of December 31 of the measurement year**Continuous enrollment:** Members must be continuously enrolled during the measurement year and the 2 years prior to the measurement year. No more than one gap in enrollment of up to 45 days during each year of continuous enrollment is allowed.**Denominator:** Eligible population**Numerator:** 1 or more Pap tests during the measurement year or the 2 years prior to the measurement year

~ Please refer below to "Codes to Identify Cervical Cancer Screening" for qualifying Numerator codes representing cervical cancer screening

Exclusions: Women who have had a total hysterectomy with no residual cervix by December 31 of the measurement year (looking back 2 years in the member's history)Note: As of 4th quarter 2008, BCBSM plans to begin looking back 4 years (instead of 2) in the member's history or exclusionary criteria. Also, BCBSM plans to eventually include an ongoing list of members who were excluded from this measure's calculation due to the criteria listed in this report.**Codes to Identify Cervical Cancer Screening**

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB-92 Revenue	LOINC
88141 - 88143, 88147, 88148, 88150, 88152 - 88155, 88164 - 88167, 88174 - 88175	G0101, G0123, G0124, G0141, G0143 - G0145, G0147, G0148, P3000, P3001, Q0091	V72.32, V76.2	91.46	0923	10524 - 7, 18500 - 9, 19762 - 4, 19764 - 0, 19765 - 7, 19766 - 5, 19774 - 9, 33717 - 0, 47528-5

Codes to Identify Exclusions

Description	CPT	ICD-9-CM Diagnosis	ICD-9-CM Procedure
Hysterectomy	51925, 56308, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290 - 58294, 58550 - 58554, 58951, 58953, 58954, 58956, 58570 - 58573, 59135	618.5, V67.01, V76.47	68.4 - 68.8

Evidence Based Care Report (EBCR) Measure Specifications

#3 Antibiotics: Appropriate Treatment for Children with Upper Respiratory Infection - the percentage of children 3 months through 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription

Source: HEDIS 2009

Eligible population: Children 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year

Continuous enrollment: 30 days prior to episode date through 3 days after episode date

Denominator: Children 3 months to 18 years as of July 1 of the measurement year

- ~ *Outpatient or emergency room visit with primary diagnosis of URI*
- ~ *30 day negative medication history prior to episode date*
- ~ *Negative Competing Diagnosis during the 3 days after episode date*

Numerator: Dispensed prescription for antibiotic medication on or three days after the Index Episode Start Date (IESD).

** Please note that this measure is reported as an inverted rate*

Exclusions: None

Codes to Identify Visit Type

Description	CPT	UB Revenue	ICD-9-CM Diagnosis
Outpatient	99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99381 - 99385, 99391 - 99395, 99401 - 99404, 99411, 99412, 99420, 99429	051x, 0520 - 0523, 0526 - 0529, 077x, 0982, 0983	
ER Visit	99281 - 99285	045x, 0981	

Codes to Identify Appropriate Treatment for Children with Upper Respiratory Infection

URI			465
Acute nasopharyngitis (common cold)			460

Evidence Based Care Report (EBCR) Measure Specifications

#3 Antibiotics: Appropriate Treatment for Children with Upper Respiratory Infection - the percentage of children 3 months through 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription

Codes to Identify Competing Diagnoses

Description	ICD-9-CM Diagnosis
Intestinal infections	001-009
Pertussis	33
Bacterial infection unspecified	41.9
Lyme disease and other arthropod-borne diseases	88
Otitis media	382
Acute sinusitis	461
Acute pharyngitis	034.0, 462
Acute tonsillitis	463
Chronic sinusitis	473
Infections of the pharynx, larynx, tonsils, adenoids	464.1-464.3, 474, 478.21-478.24, 478.29, 478.71, 478.79, 478.9
Prostatitis	601
Cellulitis, mastoiditis, other bone infections	383, 681, 682, 730
Acute lymphadenitis	683
Impetigo	684
Skin staph infections	686
Pneumonia	481- 486
Gonococcal infections and venereal diseases	098, 099, V01.6, V02.7, V02.8
Syphilis	090-097
Chlamydia	078.88, 079.88, 079.98
Inflammatory diseases (female reproductive organs)	131, 614-616
Infections of the kidney	590
Cystitis or UTI	595, 599.0

Evidence Based Care Report (EBCR) Measure Specifications

#4 Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis - the percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription

Source: HEDIS 2009

Eligible population: Members between 18 (as of January 1) and 64 years as of December 31 of measurement year

Continuous enrollment: One year prior to the Episode Date through 7 days after the Episode Date (inclusive)

Denominator: Members between 18 (as of January 1) and 64 years as of December 31 of measurement year

~ *Outpatient or emergency room visit with diagnosis of Bronchitis*

~ *30 day negative medication history prior to episode date*

~ *12 month negative comorbid history prior to episode date*

Numerator: Dispensed prescription for antibiotic medication on or within three days after the Index Episode Start Date (IESD).
Inverted rate [1-(Numerator/Eligible population)]. Higher rate indicates appropriate treatment.

Exclusions: None.

Codes to Identify Visit Type

Description	CPT	UB Revenue	ICD-9 - CM Diagnosis
Outpatient	99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99385, 99386, 99395, 99396, 99401 - 99404, 99411, 99412, 99420, 99429	051x, 0520 - 0523, 0526 - 0529, 077x, 0982, 0983	
ER Visit*	99281 - 99285	045x, 0981	045x, 0981

Codes to Identify Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Acute Bronchitis			466
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*Do not include ER visits that result in an inpatient admission

Evidence Based Care Report (EBCR) Measure Specifications

#4 Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis - the percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription

Antibiotic Medications

Description	Prescription					
5-aminosalicylates	sulfasalazine					
Amebicides	metronidazole					
Aminoglycosides	amikacin	kanamycin	streptomycin	gentamicin	neomycin	tobramycin
Aminopenicillins	amoxicillin	ampicillin				
Antipseudomonal penicillins	piperacillin	ticarcillin				
Beta-lactamase inhibitors	ampicillin-sulbactam	piperacillin-tazobactam	ticarcillin-clavulanate			
First generation cephalosporins	cefadroxil	cephalexin	cefazolin	cephradine		
Fourth generation cephalosporins	cefepime					
Ketolides	telithromycin					
Lincomycin derivatives	clindamycin	lincomycin				
Macrolides	azithromycin	clarithromycin	erythromycin ethylsuccinate	erythromycin stearate	erythromycin lactobionate	metronidazole
Miscellaneous antibiotics	aztreonam	dalfopristin-quinupristin	daptomycin	chloramphenicol	erythromycin-sulfisoxazole	
Sulfamethoxazole-trimethoprim DS	doxycycline	sulfamethoxazole-trimethoprim	vancomycin			
Natural penicillins	penicillin G benzathine-procaine	penicillin G potassium	penicillin G sodium	penicillin G procaine	oxacillin	penicillin V potassium
Penicillinase resistant penicillins	dicloxacillin	nafcillin				
Quinolones	levofloxacin gatifloxacin	lomefloxacin ciprofloxacin	ofloxacin gemifloxacin	norfloxacin	moxifloxacin	sparfloxacin
Rifamycin derivatives	rifampin					
Second generation cephalosporin	cefoxitin	cefuroxime	cefotetan	cefprozil	loracarbef	
Sulfonamides	sulfadiazine	sulfisoxazole	sulfamethoxazole-trimethoprim			
Tetracyclines	doxycycline	minocycline	tetracycline	ceftriaxone		

Evidence Based Care Report (EBCR) Measure Specifications

#4 Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis - the percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription

Description	Prescription					
Third generation cephalosporins	cefotaxime	ceftibuten	cefdinir	cefixime	cefoperazone	ceftazidime
Urinary anti-infectives	nitrofurantoin	nitrofurantoin-macrocystals	trimethoprim	fosfomycin	nitrofurantoin macrocrystals-monohydrate	

Codes to Identify Competing Diagnoses

Description	ICD-9-CM Diagnosis
Intestinal infections	001-009
Pertussis	33
Bacterial infection unspecified	41.9
Lyme disease and other arthropod-borne diseases	88
Otitis media	382
Acute sinusitis	461
Acute pharyngitis	034.0, 462
Acute tonsillitis	463
Chronic sinusitis	473
Infections of the pharynx, larynx, tonsils, adenoids	464.1-464.3, 474, 478.21-478.24, 478.29, 478.71, 478.79, 478.9
Prostatitis	601
Cellulitis, mastoiditis, other bone infections	383, 681, 682, 730
Acute lymphadenitis	683
Impetigo	684
Skin staph infections	686
Pneumonia	481- 486
Gonococcal infections and venereal diseases	098, 099, V01.6, V02.7, V02.8
Syphilis	090-097
Chlamydia	078.88, 079.88, 079.98
Inflammatory diseases (female reproductive organs)	131, 614-616
Infections of the kidney	590
Cystitis or UTI	595, 599.0

Evidenced Based Care Report (EBCR) Measure Specifications

#5 Adolescent Well-Care Visits - percentage of members who have had a who have had at least one visit with a PCP or OB/GYN practitioner during the measurement year

Source: HEDIS 2009

Eligible population: Members 12-21 years of age as of December 31 of the measurement year

Continuous enrollment: Members must be continuously enrolled during the measurement year

Denominator: Eligible population

Numerator: At least 1 comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year
 ~ Please refer below for "Codes to Identify Adolescent Well-Care Visits"

Exclusions: None

Codes to Identify Adolescent Well-Care Visits

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

Evidenced Based Care Report (EBCR) Measure Specifications**#6 Adolescent Immunization Status** - percentage of members who have had a second MMR, three hepatitis B, and one chicken pox vaccinations before turning 13 years old**Source:** HEDIS 2007*

* HEDIS measure was discontinued for 2008.

Eligible population: Members who turn 13 years of age during the measurement year**Continuous enrollment:** Members must be continuously enrolled 12 months prior to the child's 13th birthday. No more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday is allowed**Denominator:** Eligible population.**Numerator:** Adolescents who received combo 2 [second Measles, Mumps, & Rubella (MMR) and three hepatitis B, and one Varicella Zoster Virus (VZV)] on or before the child's 13th birthday.

~ Data will be supplemented with data from MCIR (Michigan Care Improvement Registry)

~ Please refer below for "Codes to Identify Adolescent Immunizations"

Exclusions: None**Codes to Identify Adolescent Immunizations**

Immunization	CPT	HCPCS	ICD-9-CM Diagnosis*	ICD-9-CM Procedure
MMR	90707, 90710			99.48
Measles and rubella	90708			
Mumps and rubella	90709			
Measles	90705		055	99.45
Mumps	90704		072	99.46
Rubella	90706		056	99.47
Hepatitis B**	90723, 90731, 90740, 90743 - 90748	G0010, Q3021, Q3023	070.2, 070.3, V02.61	
VZV	90710, 90716		052, 053	

* ICD-9-CM Diagnosis codes indicates evidence of disease.

** CPT code 90743 identifies the two-dose regimen for hepatitis B. The two-dose hepatitis B antigen Recombivax is recommended for children between 11 and 14 years of age only.

Evidenced Based Care Report (EBCR) Measure Specifications**#7 Childhood Immunization Status - Percentage of members 2 years of age who received Combination 3****Source:** HEDIS 2009**Eligible population:** Members who turn 2 years of age during the measurement year with medical coverage**Continuous enrollment:** Members must be continuously enrolled 12 months prior to the child's 2nd birthday. No more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday is allowed.**Denominator:** Eligible population.**Numerator:** Children who received all antigens listed in Combo 3 [four Diphtheria, Tetanus, & Pertussis (DTaP); three Inactivated Polio Vaccine (IPV); one Measles, Mumps, & Rubella (MMR); three Haemophilus influenzae type B (HiB); three hepatitis B; and one Varicella Zoster Virus (VZV) vaccine] and 4 pneumococcal conjugate vaccinations on or before the child's 2nd birthday.

~ Please refer below for "Codes to Identify Childhood Immunizations"

Exclusions: None. Optional HEDIS exclusions not used.**Codes to Identify Childhood Immunizations**

Immunization	CPT	HCPCS	ICD-9-CM Diagnosis*	ICD-9-CM Procedure
DTaP	90698, 90700, 90721, 90723			99.39
Diphtheria and tetanus	90702			
Diphtheria	90719			99.36
Tetanus	90703			99.38
Acellular pertussis				
IPV	90698, 90713, 90723			99.41
MMR	90707, 90710			99.48
Measles and rubella	90708			
Measles	90705		055	99.45
Mumps	90704		072	99.46
Rubella	90706		056	99.47
HiB	90645 - 90648, 90698, 90721, 90748			
Hepatitis B**	90723, 90740, 90744, 90747, 90748	G0010	070.2, 070.3, V02.61	
Pneumococcal conjugate	90669	G0009		
VZV	90710, 90716		052, 053	

* ICD-9-CM Diagnosis codes indicates evidence of disease.

** The two-dose hepatitis B antigen Recombivax is recommended for children between 11 and 14 years of age only and is not included in this table.

Evidenced Based Care Report (EBCR) Measure Specifications

#8 Well-Child Visits in the First 15 Months of Life - percentage of members who turned 15 months old during the measurement year who have had 5 or more well-child visits

Source: HEDIS 2008*

Eligible population: Members 15 months old during the measurement year.

Continuous enrollment: Members must be continuously enrolled 31 days through 15 months of age.

~ Calculate 31 days of age by adding 31 days to the child's date of birth.

~ Calculate the 15-month birthday as the child's first birthday plus 90 days.

~ For example, a child born on January 9, 2006, and included in the rate of 5 or more well-child visits, must have had 5 well-child visits by April 9, 2007.

Denominator: Eligible population.

Numerator: Members with claims for well-child visits with a PCP summing great than or equal to 5 during their first 15 months of life.

~ Does not have to be the member's assigned PCP.

~ A child who had a claim or encounter with a code listed below in "Codes to Identify Well-Child Visits" is considered to have received a well-child visit.

* BCBSM has modified the Numerator from *HEDIS 2008* by using 5 well-child visits as the threshold number for the measure (as opposed to the HEDIS stated 0, 1, 2, 3, 4, 5, or 6 well-child visits).

Exclusions: None.

Codes to Identify Well-Child Visits

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

Evidenced Based Care Report (EBCR) Measure Specifications

#9 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life - percentage of members who had at least one well-child visit with a PCP during the measurement year

Source: HEDIS 2009

Eligible population: Members 3-6 years of age as of December 31 of the measurement year.

Continuous enrollment: Members must be continuously enrolled during the measurement year.

Denominator: Eligible population.

Numerator: At least 1 well-child visit with a PCP during the measurement year.

~ Does not have to be the member's assigned PCP.

~ A child who had a claim or encounter with a code listed below in "Codes to Identify Well-Child Visits" is considered to have received a well-child visit.

Exclusions: None.

Codes to Identify Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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

Evidenced Based Care Report (EBCR) Measure Specifications

#10 Use of Spirometry Testing in the Assessment and Diagnosis of COPD - percentage of members with a new diagnosis of COPD who received a spirometry test to confirm diagnosis

Source: HEDIS 2009

Eligible population: Members 42 years of age and older as of December 31 of the measurement year with medical coverage

- ~ Identify members with any diagnosis of Chronic Obstructive Pulmonary Disease (COPD) during the intake period (12 month window starting July 1 of the year prior to measurement year and ends on June 30 of measurement year). If member has multiple diagnoses of COPD use only the first one.
- ~ Includes members age 65 and older, even if the member has Medicare.
- ~ Test for negative diagnosis history. Exclude members with a claim/encounter with COPD diagnosis in 730 days (2 years) prior to index episode.

Continuous enrollment: Members must be continuously enrolled 730 days prior to and 180 days after the index episode.

~ The index episode is the earliest diagnosed episode date of COPD. If more than one encounter occurred for the member, include only the first encounter. One gap in enrollment of up to 45 days is allowed in each of the 12-month periods prior to the IESD or in the 6-month period after the IESD, for a maximum of two gaps total.

For an outpatient claim/encounter - the index episode date is the date of service.

For an inpatient (acute or nonacute) claim - the index episode date is the date of discharge.

For a transfer or readmission - the index episode date is the discharge date of original admission.

Denominator: Eligible population.

Numerator: 1 or more claims/encounters billed procedure codes for spirometry in the 730 days before and 180 days after the index episode.

~ The claim/encounter contains any one of the codes mentioned below in "Codes to Identify COPD".

Exclusions: None.

Codes to Identify COPD

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

Codes to Identify Spirometry Testing

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

Evidenced Based Care Report (EBCR) Measure Specifications		
#11 Congestive Heart Failure: LDL-C Screening - the percentage of members between 18 and 75 years of age with congestive heart failure who had an LDL-C test		
<i>Source: MQIC</i>		
Eligible population: Members between 18 and 75 years of age and older as of December 31 of the measurement year		
Continuous enrollment: The measurement year and the year prior to the measurement year		
Denominator: Members between 18 and 75 years of age and older as of December 31 of the measurement year		
~ 1 inpatient admission with a primary or secondary diagnosis of heart failure identified by using codes below in "Codes to Identify Heart Failure", OR		
~ 1 emergency department visit with a primary or secondary diagnosis of heart failure identified by using codes below, OR		
~ 3 outpatient encounters for congestive heart failure OR		
~ Prescriptions for ACE/ARB and Digoxin and a diuretic within a 90 day window of each other		
Numerator: 1 or more claims for an LDL-C test during measurement year		
Codes to Identify LDL-C Tests		
CPT Codes		
80061, 83700, 83701, 83704, 83721, 83715, 83716		
Codes to Identify Heart Failure		
CPT Codes		ICD-9 Codes
8006, 83700, 83701, 83704, 83721, 83715, 83716		402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.xx
Codes to Identify Visit Type		
Description	CPT Codes	Revenue Codes
Inpatient Admissions	99221 - 223, 99231 - 233, 99238 - 239, 99251 - 255, 99261 - 263, 99291 OR (99301 - 313, 99315 - 318, 99321-28, 99331 - 337)	0118, 0128, 0138, 0148, 0158, 019x, 055x, 066x, 010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149 - 0150 - 0154, 0159, 016x, 020x - 022x, 072x, 0987
ER Visit	99281 - 99285	045x, 0981
Outpatient or Office Encounter/ visit in any setting	92002 - 92014, 99201 - 05, 99211 - 15, 99217 - 220, 99241 - 45, 99341 - 50, 99381 - 87, 99391 - 97, 99401 - 404, 99411 - 12, 99420, 99429, 99455, 99456, 99499	051x, 052x, 057x - 059x, 077x, 0982 - 83

Evidence Based Care Report (EBCR) Measure Specifications

#12 Congestive Heart Failure: Rate of ACE/ARB - the percentage of members with a diagnosis of congestive heart failure who received ACE/ARB therapy during the measurement year

Source: BCBSM

Eligible population: Members age 18 years and older as of December 31 of the measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage

Denominator: Members age 18 years and older as of December 31 of the measurement year

~ 1 inpatient admission with a primary or secondary diagnosis of the codes below **OR**

~1 emergency department visit with a primary or secondary diagnosis of any of the codes below **OR**

~ 3 outpatient encounters for congestive heart failure **OR**

~ Prescriptions for ACE/ARB and Digoxin and a diuretic within a 90 day window of each other

Numerator: 1 or more filled prescriptions for ACE/ARB therapy during measurement year

Please refer below for a list of "Angiotension Converting Enzyme Medications" and "Angiotensin Receptor Blocker Medications"

Exclusions: Patients with contraindications to or previous adverse reaction to ACE/ARB therapy

Codes to Identify Heart Failure		Codes to Identify Exclusions	
ICD-9-CM Diagnosis		Description	ICD-9-CM Diagnosis
402.11, 402.01, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.9		Hypotension	458.0, 458.1, 458.89, 458.9
CPT			796.3
8006, 83700, 83701, 83704, 83721, 83715, 83716			
Angiotensin Converting Enzyme Medications			
Description	Prescription		
Angiotensin Converting Enzyme Medications Inhibitors	benazepril	lisinopril	ramipril
	captopril	moexipril	trandolapril
	enalapril	perindopril	
	fosinopril	quinapril	
Antihypertensive combinations	amlodipine-benazepril		fosinopril-hydrochlorothiazide
	benazepril-hydrochlorothiazide		hydrochlorothiazide-lisinopril
	captopril-hydrochlorothiazide		hydrochlorothiazide-moexipril
	enalapril-felodipine		hydrochlorothiazide-quinapril
	enalapril-hydrochlorothiazide		
		Hyperkalemia	276.7
		Renal Artery Stenosis	440.1
		Syphilitic endocarditis, pericarditis, myocarditis	093.2 - 093.22
		Congenital aortic stenosis, congenital mitral stenosis, sub aortic stenosis, atresia and stenosis of aorta	746.3, 746.5, 746.81, 747.22

Evidence Based Care Report (EBCR) Measure Specifications

#12 Congestive Heart Failure: Rate of ACE/ARB - the percentage of members with a diagnosis of congestive heart failure who received ACE/ARB therapy during the measurement year

Angiotensin Receptor Blocker Medications

Description	Prescription	Codes to Identify Exclusions	
Angiotensin II inhibitors	candesartan losartan valsartan eprosartan olmesartan irbesartan telmisartan	Description	ICD-9-CM Diagnosis
Antihypertensive combinations	candesartan-hydrochlorothiazide hydrochlorothiazide-olmesartan eprosartan-hydrochlorothiazide hydrochlorothiazide-telmisartan hydrochlorothiazide-irbesartan hydrochlorothiazide-valsartan hydrochlorothiazide-losartan	Renal Failure	403.01, 403.11, 403.91, 404.02, 404.12, 404.13, 404.92, 404.93, 584.5, 584.6, 584.7, 584.8, 584.9, 585, 586, 788.5, 958.5
		Pregnancy	631.xx - 639.xx, 640.xx - 648.99, 650.xx, 651.xx 656.99, 657 - 659.99, 660.xx - 677.xx, V22.0 - V23.9, V24, V27.xx, V28
		Angioneurotic edema	995.1, 277.6
		Rheumatic Fever with heart involvement	391.xx, 398.91
		Kidney transplant	996.8, V42.0 55.6*, 55.61*, 55.69*

Evidence Based Care Report (EBCR) Measure Specifications

#12 Congestive Heart Failure: Rate of ACE/ARB - the percentage of members with a diagnosis of congestive heart failure who received ACE/ARB therapy during the measurement year

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Inpatient Admissions	99221 - 223, 99231 - 233, 99238 - 239, 99251 - 255, 99261 - 263, 99291 99301 - 313, 99315 - 318, 99321-28, 99331 - 337	0118, 0128, 0138, 0148, 0158, 019x, 055x, 066x, 010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149 - 0150 - 0154, 0159, 016x, 020x - 022x, 072x, 0987
ER visit	99281 - 99285	045x, 0981
Outpatient or Office Encounter/ visit in any setting	92002 - 92014, 99201 - 05, 99211 - 15, 99217 - 220, 99241 - 45, 99341 - 50, 99381 - 87, 99391 - 97, 99401 - 404, 99411 - 12, 99420, 99429, 99455, 99456, 99499	051x, 052x, 057x - 059x, 077x, 0982 - 83

Evidenced Based Care Report (EBCR) Measure Specifications

#13 Congestive Heart Failure: ACE/ARB Continuation and Persistence - percentage of members 18 years of age and older who were hospitalized with heart failure who received a ACE/ARB therapy for 6 months after discharge

Source: BCBSM

Eligible population: Members 18 years of age and older as of December 31 of the measurement year

~ 1 inpatient admission with a primary or secondary diagnosis of heart failure identified by using codes below in "Codes to Identify Heart Failure", **OR**

~ 1 emergency department visit with a primary or secondary diagnosis of heart failure identified by using codes below, **OR**

~ 3 outpatient encounters, **OR**

~ Prescriptions for ACE/ARB and Digoxin and a diuretic within a 90 day window of each other

~ Please refer below to "Inpatient Admission", "ER Visit", and "Outpatient or Office Encounter/Visit in Any Setting" for applicable procedure codes of inclusion

Continuous enrollment: Members must be continuously enrolled during the measurement year and the year prior to the measurement year with both medical and pharmacy coverage

Denominator: Eligible population

Numerator: Greater than or equal to 135 dispensed days supply of ACE/ARB in the 180 days following discharge

~ Please refer below for a list of "Angiotension Converting Enzyme Medications" and "Angiotensin Receptor Blocker Medications"

Exclusions: Members identified as having a contraindication to or adverse reaction to ACE/ARB therapy

~ Please refer below to "Codes to Identify Exclusions" for contraindicating conditions codes

Codes to Identify Heart Failure

ICD-9-CM Diagnosis

402.11, 402.01, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0 - 428.9

Inpatient Admission

Facility and Professional Claims	<p>1) Facility Claims - Revenue Codes (for acute and non acute admissions) 0118, 0128, 0138, 0148, 0158, 019x, 055x, 066x, 010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149 - 0154, 0159, 016x, 020x - 022x, 072x, 0987</p> <p>2) Professional Claims - CPT codes (for acute and non acute admissions) 99221 - 99223, 99231 - 99233, 99238 - 99239, 99251 - 99255, 99261 - 99263, 99291, 99301 - 99313, 99315 - 99318, 99321 - 99328, 99331 - 99337</p>
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ER Visit

Facility and Professional Claims	<p>1) Facility Claims - Revenue Codes 045x, 0981</p> <p>2) Professional Claims - CPT Codes 99281 - 99285</p>
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Outpatient or Office Encounter/Visit in Any Setting

Facility and Professional Claims	<p>1) Facility Claims - Revenue Codes 051x, 052x, 057x - 059x, 077x, 0982 - 0983</p> <p>2) Professional - CPT Codes 92002 - 92014, 99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411 - 99412, 99420 - 99429, 99455, 99456, 99499</p>
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Evidenced Based Care Report (EBCR) Measure Specifications					
#13 Congestive Heart Failure: ACE/ARB Continuation and Persistence - percentage of members 18 years of age and older who were hospitalized with heart failure who received a ACE/ARB therapy for 6 months after discharge					
Angiotensin Converting Enzyme Medications					
Description	Prescription				
Angiotensin Converting Enzyme	benazepril	enalapril	lisinopril	perindopril	ramipril
	captopril	fosinopril	moexipril	quinapril	trandolapril
Antihypertensive combinations	amlodipine-benazepril	enalapril-felodipine	hydrochlorothiazide-lisinopril		
	benazepril-hydrochlorothiazide	enalapril-hydrochlorothiazide	hydrochlorothiazide-moexipril		
	captopril-hydrochlorothiazide	fosinopril-hydrochlorothiazide	hydrochlorothiazide-quinapril		
Angiotensin Receptor Blocker Medications					
Description	Prescription				
Angiotensin II inhibitors	candesartan	irbesartan	olmesartan	valsartan	
	eprosartan	losartan	telmisartan		
Antihypertensive combinations	candesartan-hydrochlorothiazide		hydrochlorothiazide-losartan		hydrochlorothiazide-valsartan
	eprosartan-hydrochlorothiazide		hydrochlorothiazide-olmesartan		
	hydrochlorothiazide-irbesartan		hydrochlorothiazide-telmisartan		
Codes to Identify Exclusions					
Description	ICD-9-CM Diagnosis				
Hypotension	458.0, 458.1, 458.89, 458.9, 796.3				
Hyperkalemia	276.7				
Renal Artery Stenosis	440.1				
Syphilitic endocarditis, pericarditis, myocarditis	093.2 - 093.22				
Congenital aortic stenosis, congenital mitral stenosis, sub aortic stenosis, atresia and stenosis of aorta	746.3, 746.5, 746.81, 747.22				
Renal Failure	403.01, 403.11, 403.91, 404.02, 404.12, 404.13, 404.92, 404.93, 584.5, 584.6, 584.7, 584.8, 584.9, 585, 586, 788.5, 958.5				
Pregnancy	631.xx - 639.xx, 640.xx - 648.99, 650.xx, 651.xx - 656.99, 657 - 659.99, 660.xx - 677.xx, V22.0 - V23.9, V24, V27.xx, V28				
Angioneurotic edema	995.1, 277.6				
Rheumatic Fever with heart involvement	391.xx, 398.91				
Kidney transplant	996.8, V42.0				

*ICD-9-CM Procedure Codes

Evidenced Based Care Report (EBCR) Measure Specifications**#14 Persistence of Beta Blocker Treatment After a Heart Attack** - percentage of members 18 years of age and older who were hospitalized with an acute myocardial infarction (AMI) who received a beta blocker for 6 months after discharge**Source:** HEDIS 2009**Eligible population:** Members 18 years of age and older as of December 31 of the measurement year
~ Discharged alive from an acute inpatient setting with an Acute Myocardial Infarction (AMI)**Continuous enrollment:** Members must be continuously enrolled from their discharge date through 180 days after discharge, with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days**Denominator:** Eligible population**Numerator:** Greater than or equal to 135 dispensed days supply of beta-blockers in the 180 days following discharge
~ Please refer below for a list of "Beta-Blocker Medications"**Exclusions:** Members identified as having a contraindication to or adverse reaction to beta-blocker therapy
~ Please refer below for "Codes to Identify Exclusions"**Codes to Identify AMI**

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

Beta-Blocker Medications

Description	Prescription				
Non-cardioselective beta-blockers	carteolol	labetalol	penbutolol	propranolol	timolol
	carvedilol	nadolol	pindolol	sotalol	
Cardioselective beta-blockers	acebutolol	betaxolol	metoprolol		
	atenolol	bisoprolol	nebivolol		
Antihypertensive combinations	atenolol-chlorthalidone	bisoprolol-hydrochlorothiazide	hydrochlorothiazide-propranolol		
	bendroflumethiazide-nadolol	hydrochlorothiazide-metoprolol	hydrochlorothiazide-timolol		

Codes to Identify Exclusions

Description	Prescription	ICD-9-CM Diagnosis
History of Asthma	Inhaled corticosteroids	493
Hypotension		458
Heart Block greater than first degree		426.0, 426.12, 426.13, 426.2-426.4, 426.51 - 426.54, 426.7
Sinus bradycardia		427.81
COPD		491.2, 496, 506.4

* An organization that does not have fifth-digit specificity must develop a methodology to ensure that only the first eligible episode of an AMI is included in the measure.

--> BCBSM has the capability and does utilize fifth-digit specificity.

Evidence Based Care Report (EBCR) Measure Specifications

#15 Coronary Artery Disease: LDL-C Screening- the percentage of members between 18 and 75 years of age with coronary artery disease who had an LDL-C screening

Source: BCBSM

Eligible population: Members between 18 and 75 years of age as of December 31 of measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year

Denominator: Members between 18 and 75 years of age as of December 31 of measurement year

~Event: At least 1 discharge alive in the first 12 months for AMI (Acute Myocardial Infarction), PTCA (Percutaneous Transluminal Angioplasty of a Coronary Artery), or CABG (Coronary Artery Bypass Graft) OR

~Diagnosis: At least one of the two criteria below during the first 12 months and the second twelve months (independently) of the identification period:

a) At least one outpatient service professional or facility with a primary ICD-9 Diagnosis of IHD (Ischemic Heart Disease) OR

b) At least one inpatient admission discharged alive with a primary or secondary ICD-9 diagnosis or DRG of IHD

Numerator: 1 or more claims for an LDL-C test during measurement year

Codes to Identify LDL-C Tests

CPT	ICD-9 - CM Diagnosis
80061, 83700, 83701, 83704, 83721	402.11, 402.01, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.9, 428.1, 428.2, 428.3, 428.4, 428.20

Codes to Identify AMI

Description	ICD-9-CM Diagnosis
AMI	410.x1

Codes to Identify CABG

Description	ICD-9-CM Diagnosis	HCPCS	CPT
CABG	36.1x or 36.2x	S2205 - S2209	33510 - 514, 33516 - 519, 33521 - 523, 33533 - 33536

Codes to Identify PTCA

Description	ICD-9-CM Diagnosis	CPT
PTCA	00.66, 36.06, 36.07, 36.09	33140, 92980, 92982, 92995

Evidence Based Care Report (EBCR) Measure Specifications		
#15 Coronary Artery Disease: LDL-C Screening- the percentage of members between 18 and 75 years of age with coronary artery disease who had an LDL-C screening		
Codes to Identify Ischemic Heart Disease		
Description	ICD-9-CM Diagnosis	
IHD	411.xx, 413.xx, 414.0x, 414.2, 414.8x, 414.9x, 429.2x	
Codes to Identify Cardiovascular Disease		
Description	ICD-9-CM Diagnosis	
Cardiovascular Disease	433 - 434.xx, 440.1x, 440.2x, 440.4, 444 - 445.xx	
Codes to Identify Visit Type		
Description	CPT Codes	Revenue Codes
Inpatient Admissions	99221 - 223, 99231 - 233, 99238, 99239, 99251 - 255, 99261 - 263, 99291	010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 020x - 022x, 072x, 0987
Outpatient or Office Encounter/ visit in any setting	99201 - 05, 99211 - 15, 99217 - 220, 99241 - 45, 99341 - 45, 99347 - 350, 99381 - 87, 99394 - 97, 99401 - 04, 99411, 99412, 99420, 99429, 99455, 99456	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 077x, 0982, 0983

Evidence Based Care Report (EBCR) Measure Specifications

#16 Coronary Artery Disease: Lipid Lowering Drug - the percentage of members between 18 and 75 years of age with coronary artery disease who received a Lipid Lowering Drug during the measurement year

Source: BCBSM

Eligible population: Members between 18 and 75 years of age as of December 31 of measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year

Denominator: Members between 18 and 75 years of age as of December 31 of measurement year

~Event: At least 1 discharge alive in the first 12 months for AMI (Acute Myocardial Infarction), PTCA (Percutaneous Transluminal Angioplasty of a Coronary Artery), or CABG (Coronary Artery Bypass Graft) **OR**

~Diagnosis: At least one of the two criteria below during the first 12 months and the second twelve months (independently) of the identification period:

a) At least one outpatient service professional or facility with a primary ICD-9 Diagnosis of IHD (Ischemic Heart Disease) **OR**

b) At least one inpatient admission discharged alive with a primary or secondary ICD-9 diagnosis or DRG of IHD

Numerator: 1 or more filled prescriptions for a lipid lowering drug during the measurement year

Codes to Identify AMI

Description	ICD-9-CM Diagnosis
AMI	410.x1

Codes to Identify CABG

Description	ICD-9-CM Diagnosis	HCPCS	CPT
CABG	36.1x or 36.2x	S2205 - S2209	33510 - 514, 33516 - 519, 33521 - 523, 33533 - 33536

Codes to Identify PTCA

Description	ICD-9-CM Diagnosis	CPT
PTCA	00.66, 36.06, 36.07, 36.09	33140, 92980, 92982, 92995

Codes to Identify Ischemic Heart Disease

Description	ICD-9-CM Diagnosis
IHD	411.xx, 413.xx, 414.0x, 414.2, 414.8x, 414.9x, 429.2x

Codes to Identify Cardiovascular Disease

Description	ICD-9-CM Diagnosis
Cardiovascular Disease	433 - 434.xx, 440.1x, 440.2x, 440.4, 444 - 445.xx

Evidence Based Care Report (EBCR) Measure Specifications

#16 Coronary Artery Disease: Lipid Lowering Drug - the percentage of members between 18 and 75 years of age with coronary artery disease who received a Lipid Lowering Drug during the measurement year

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Inpatient Admissions	99221 - 223, 99231 - 233, 99238, 99239, 99251 - 255, 99261 - 263, 99291	010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 020x - 022x, 072x, 0987
Outpatient or Office Encounter/ visit in any setting	99201 - 05, 99211 - 15, 99217 - 220, 99241 - 45, 99341 - 45, 99347 - 350, 99381 - 87, 99394 - 97, 99401 - 04, 99411, 99412, 99420, 99429, 99455, 99456	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 077x, 0982, 0983

Lipid Lowering Drug List

General Class Name				
Atoevastain / Amlodipine	Atorvastatin Calcium	Cholestyramine	Fluvastatin Sodium	Cholestyramine / Aspartame
Cholestyramine / Sucrose	Colesevelam HCL	Colestipol HCL	Clofibrate	Ezetimibe
Fenofibrate, Micronized	Fenofibrate			

Evidence Based Care Report (EBCR) Measure Specifications

#17 Coronary Artery Disease: Statin Use - the percentage of members with a diagnosis of coronary artery disease that have at least one statin prescription that was filled during the measurement year

Source: BCBSM

Eligible population: Members between 18 and 75 years of age as of December 31 of measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year

Denominator: Members between 18 and 75 years of age as of December 31 of measurement year

~Event: At least 1 discharge alive in the first 12 months for AMI (Acute Myocardial Infarction), PTCA (Percutaneous Transluminal Angioplasty of a Coronary Artery), or CABG (Coronary Artery Bypass Graft) **OR**

~Diagnosis: At least one of the two criteria below during the first 12 months and the second twelve months (independently) of the identification period:

a) At least one outpatient service professional or facility with a primary ICD-9 Diagnosis of IHD (Ischemic Heart Disease) **OR**

b) At least one inpatient admission discharged alive with a primary or secondary ICD-9 diagnosis or DRG of IHD

Numerator: 1 or more filled prescriptions for a statin drug during the measurement year

Codes to Identify AMI

Description	ICD-9-CM Diagnosis
AMI	410.x1

Codes to Identify CABG

Description	ICD-9-CM Diagnosis	HCPCS	CPT
CABG	36.1x or 36.2x	S2205 - S2209	33510 - 514, 33516 - 519, 33521 - 523, 33533 - 33536

Codes to Identify PTCA

Description	ICD-9-CM Diagnosis	CPT
PTCA	00.66, 36.06, 36.07, 36.09	33140, 92980, 92982, 92995

Codes to Identify Ischemic Heart Disease

Description	ICD-9-CM Diagnosis
IHD	411.xx, 413.xx, 414.0x, 414.2, 414.8x, 414.9x, 429.2x

Codes to Identify Cardiovascular Disease

Description	ICD-9-CM Diagnosis
Cardiovascular Disease	433 - 434.xx, 440.1x, 440.2x, 440.4, 444 - 445.xx

Evidence Based Care Report (EBCR) Measure Specifications

#17 Coronary Artery Disease: Statin Use - the percentage of members with a diagnosis of coronary artery disease that have at least one statin prescription that was filled during the measurement year

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Inpatient Admissions	99221 - 223, 99231 - 233, 99238, 99239, 99251 - 255, 99261 - 263, 99291	010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 020x - 022x, 072x, 0987
Outpatient or Office Encounter/ visit in any setting	99201 - 05, 99211 - 15, 99217 - 220, 99241 - 45, 99341 - 45, 99347 - 350, 99381 - 87, 99394 - 97, 99401 - 04, 99411,	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 077x, 0982, 0983

Statin Use Drug List**General Class Name**

Atoevastain / Amlodipine	Atorvastatin Calcium	Fluvastatin Sodium	Lovastatin
Lovastatin / Niacin	Pravastatin Sodium	Rosuvastatin Calcuim	Simvastatin
Simvastatin / Ezetimibe			

Evidenced Based Care Report (EBCR) Measure Specifications

Diabetes Denominator Detail

Source: HEDIS 2009

Eligible population: Members between 18 and 75 years of age as of December 31 of the measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days.

Denominator: Members between 18 and 75 years of age as of December 31 of the measurement year

- ~ 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 (HEDIS 2008) **OR**
- ~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**
- ~ 2 outpatient visits with diabetes listed as one of the diagnoses **OR**
- ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic
- ~ A prescription for Amylin Analogs

Exclusions: Patients with polycystic ovaries, steroid-induced, or gestational diabetes

Prescriptions to Identify People with Diabetes

Description	Prescription	
Alpha-glucosidase inhibitors	acarbose	miglitol
Amylin analogs	pramlinitide	
Antidiabetic combinations	glimepiride-pioglitazone glimepiride-rosiglitazone glipizide-metformin glyburide-metformin	metformin-pioglitazone metformin-rosiglitazone metformin-sitagliptin
Insulin	insulin aspart insulin aspart-insulin aspart protamine insulin detemir insulin glargine insulin glulisine insulin inhalation insulin isophane beef-pork insulin isophane human insulin isophane pork insulin isophane-insulin regular	insulin lispro insulin lispro-insulin lispro protamine insulin regular beef-pork insulin regular human insulin regular pork insulin zinc beef-pork insulin zinc extended human insulin zinc human insulin zinc pork
Meglitinides	nateglinide	repaglinide

Evidenced Based Care Report (EBCR) Measure Specifications			
Diabetes Denominator Detail			
Description		Prescription	
Miscellaneous antidiabetic agents	exenatide	pramlintide	sitagliptin
Sulfonylureas	acetoexamide chlorpropamide glimepiride	glipizide glyburide	tolazamide tolbutamide
Thiazolidinediones	pioglitazone	rosiglitazone	
<i>Note: Glucophage/metformin is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis coding only.</i>			
Claim/encounter data. Members who had two face-to-face encounters with a diagnosis of diabetes (see "Codes to Identify Diabetes" table) on different dates of service in an outpatient setting or nonacute inpatient setting, or one face-to-face encounter in an acute inpatient or ED setting during the measurement year or the year prior to the measurement year. The organization may count services that occur over both years.			
Codes to Identify Diabetes			
Description		ICD-9-CM Diagnosis	
Diabetes		250, 357.2, 362.0, 366.41, 648.0	
Codes to Identify Visit Type			
Description		CPT	UB Revenue
Outpatient		92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	051x, 0520-0523, 0526-0529, 057x-059x, 077x, 082x-085x, 088x, 0982, 0983
Nonacute inpatient		99301-99313, 99315, 99316, 99318, 99321-99328 99331-99337	0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x
Acute inpatient		99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291	010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 080x, 0987
ED		99281-99285	045x, 0981

Evidence Based Care Report (EBCR) Measure Specifications

#18 Diabetes: HbA1c Testing - the percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had an HbA1c test

Source: HEDIS 2009 -Modified

Eligible population: Members between 18 and 75 years of age as of December 31 of the measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days.

Denominator: Members between 18 and 75 years of age by December 31 of the measurement year

~ 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 (HEDIS 2008) **OR**

~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**

~ 2 outpatient visits with diabetes listed as one of the diagnoses **OR**

~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic

~ A prescription for Amylin Analogs

Numerator: 1 or more claims for an HbA1c test performed during the measurement year

Exclusions: Patients with polycystic ovaries, steroid-induced, or gestational diabetes

Codes to Identify HbA1c Tests

CPT	CPT Category II	LOINC
83036, 83037	3044F, 3046F, 3047F	4548 - 4, 4549 - 2, 17856 - 6

Evidenced Based Care Report (EBCR) Measure Specifications		
#19 Diabetes: LDL-C Screening Test - the percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had a LDL-C screening		
Source: HEDIS 2009		
Eligible population: Members between 18 and 75 years of age as of December 31 of the measurement year		
Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days.		
Denominator: Members between 18 and 75 years of age as of December 31 of the measurement year ~ 1 inpatient admission with primary or secondary diagnosis of diabetes <u>Type 1 or 2 (HEDIS 2008)</u> OR ~ 1 emergency department visit with primary or secondary diagnosis of diabetes OR ~ 2 outpatient visits with diabetes listed as one of the diagnoses OR ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic ~ A prescription for Amylin Analogs		
Numerator: 1 or more claims for an LDL-C test performed during the measurement year		
Exclusions: Patients with polycystic ovaries, steroid-induced, or gestational diabetes		
Codes to Identify LDL-C Tests		
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, 24331 - 1, 39469 - 2, 49132 - 4

Evidenced Based Care Report (EBCR) Measure Specifications

#20 Diabetes: Monitor for Nephropathy - the percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test

Source: HEDIS 2009

Eligible population: Members between 18–75 years as of December 31 of the measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days

Denominator: Members between 18–75 years as of December 31 of the measurement year
 ~ 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 (HEDIS 2008) **OR**
 ~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**
 ~ 2 outpatient visits with diabetes listed as one of the diagnoses **OR**
 ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic
 ~ A prescription for Amylin Analogs

Numerator: Nephropathy screening test or evidence of nephropathy

Exclusions: Patients with polycystic ovaries, steroid-induced, or gestational diabetes

Codes to Identify Nephropathy

Description	CPT	CPT Category II	LOINC
Nephropathy screening test	82042, 82043, 82044, 84156	3060F, 3061F	1757 - 4, 11218 - 5, 14956 - 7, 14957 - 5, 14958 - 3, 14959 - 1, 30000 - 4, 30001 - 2, 30003 - 8, 1753 - 3, 1754-1, 1755-8, 9318 - 7, 13705 - 9, 14585 - 4, 20621 - 9, 21059 - 1, 32294 - 1, 2887 - 8, 2888 -6 , 2889 - 4, 2890 - 2, 12842 - 1, 13801 - 6, 18373 - 1, 21482 - 5, 26801 - 1, 27298 - 9, 32209 - 9, 32551 - 4, 34366 - 5, 34535 - 5, 35663 - 4, 40486 - 3, 40662 - 9, 40663 - 7, 43605 - 5, 43606 - 3, 43607 - 1, 44292 - 1

Evidenced Based Care Report (EBCR) Measure Specifications

#20 Diabetes: Monitor for Nephropathy - the percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test

Codes to Identify Evidence of Nephropathy

Description	CPT	CPT Category	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	UB Type of Bill	POS	LOINC
Urine macro-albumin test*	81000 - 81003, 81005	3062F							5804 - 0, 20454 - 5, 24356 - 8, 24357 - 6
Evidence of treatment for nephropathy	36145, 36800, 36810, 36815, 36818, 36819 - 36821, 36831 - 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90920, 90921, 90924, 90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512	3066F	G0257, G0314 - G0319, G0322, G0323, G0326, G0327, G0392, G0393, S9339	250.4, 403, 404, 405.01, 405.11, 405.91, 580 - 588, 753.0, 753.1, 791.0, V42.0, V45.1, V56	38.95, 39.27, 39.42, 39.43, 39.53, 39.93 - 39.95, 54.98, 55.4 - 55.6	0367, 080x, 082x - 085x, 088x	72x	65	
ACE inhibitor/ ARB therapy		4009F							

* A CPT Category II code indicates a positive result for urine macroalbumin; the organization must use automated laboratory data to confirm a positive result for tests identified by CPT or LOINC codes

Evidenced Based Care Report (EBCR) Measure Specifications				
#21 Diabetes: Lipid Lowering Drug Rate - the percentage of members 50 through 75 years of age with a diagnosis of diabetes that received a prescription for at least one Lipid Lowering drug during the measurement period				
Source: MQIC				
Eligible population: Members between 50 and 75 years of age as of December 31 of measurement year				
Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days				
Denominator: Members between 50 and 75 years by December 31 of the measurement year ~ 1 inpatient admission with primary or secondary diagnosis of diabetes <u>Type 1 or 2</u> (HEDIS 2008) OR ~ 1 emergency department visit with primary or secondary diagnosis of diabetes OR ~ 2 outpatient visits with diabetes listed as one of the diagnoses OR ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic ~ A prescription for Amylin Analogs				
Numerator: 1 or more filled prescriptions for a lipid lowering drug in the measurement year				
Exclusions: Patients with polycystic ovaries, steroid induced or gestational diabetes				
Lipid Lowering Drug List				
General Class Name				
Atoevastain / Amlodipine	Cholestyramine	Atorvastatin Calcium	Cholestyramine / Aspartame	Fluvastatin Sodium
Cholestyramine / Sucrose	Clofibrate	Colesevelam HCL	Colestipol HCL	Ezetimibe
Fenofibrate	Fenofibrate , Micronized			

Evidenced Based Care Report (EBCR) Measure Specifications

#22 Diabetes: Statin Use - the percentage of members with a diagnosis of diabetes that have at least one statin prescription that was filled during the measurement period

Source: MQIC

Eligible population: Members between 18 and 75 years of age as of December 31 of measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days

Denominator: Members between 18 and 75 years by December 31 of the measurement year
 ~ 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 (HEDIS 2008) **OR**
 ~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**
 ~ 2 outpatient visits with diabetes listed as one of the diagnoses **OR**
 ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic
 ~ A prescription for Amylin Analogs

Numerator: 1 or more filled prescriptions for a statin drug

Exclusions: Patients with polycystic ovaries, steroid induced or gestational diabetes

Statin Use Drug List

General Class Name			
Atoevastain / Amlodipine	Atorvastatin Calcium	Fluvastatin Sodium	Lovastatin
Lovastatin / Niacin	Pravastatin Sodium	Rosuvastatin Calcuim	Simvastatin
Simvastatin / Ezetimibe			

Evidenced Based Care Report (EBCR) Measure Specifications

#23 Diabetes: ACE/ARB Use with Comorbid CHF - the percentage of members with a diagnosis of diabetes with comorbid congestive heart failure (CHF) who received ACE/ARB therapy

Source: BCBSM

Eligible population: Members between 18 and 75 years of age as of December 31 of the measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days.

Denominator: Members between 18 and 75 years by December 31 of the measurement year

~ 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 (HEDIS 2008) **OR**

~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**

~ 2 outpatient visits with diabetes listed as one of the diagnoses **OR**

~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **AND**

~ Outpatient visit with diagnosis of congestive heart failure.

~ A prescription for Amylin Analogs

Numerator: At least 1 filled prescription for an ACE/ARB

Exclusions: Patients with polycystic ovaries, steroid induced or gestational diabetes and patients with contraindications or adverse reactions to ACE/ARB

Codes to Identify ACE/ARB Use with Comorbidity CHF

DRGS	CPT	Revenue
428 - 42899, 40201, 40211, 40291,	3993 - 3995, 3953, 3943, 3942, 3927,	800 - 804, 809, 820 - 825, 829 - 835, 839 - 845,
40401, 40403, 40411, 40491, 40413,	5498, 554 - 5569, 36800 - 36815, 50300,	849 - 855, 859 - 882, 889
40493	50340 - 50380, 90920, 90921, 90924,	
	90925, 90935 - 90937, 90945 - 90947,	
	90989 - 90999	

Evidenced Based Care Report (EBCR) Measure Specifications			
#23 Diabetes: ACE/ARB Use with Comorbid CHF - the percentage of members with a diagnosis of diabetes with comorbid congestive heart failure (CHF) who received ACE/ARB therapy			
Angiotensin Converting Enzyme (ACE) Medications			
Description	Prescription		
Angiotensin Converting Enzyme Medications inhibitors	benazepril	lisinopril	ramipril
	captopril	moexipril	trandolapril
	enalapril	perindopril	
	fosinopril	quinapril	
Antihypertensive combinations	amlodipine-benazepril		fosinopril-hydrochlorothiazide
	benazepril-hydrochlorothiazide		hydrochlorothiazide-lisinopril
	captopril-hydrochlorothiazide		hydrochlorothiazide-moexipril
	enalapril-felodipine		hydrochlorothiazide-quinapril
	enalapril-hydrochlorothiazide		
Angiotensin Receptor Blocker (ARB) Medications			
Description	Prescription		
Angiotensin II inhibitors	candesartan	losartan	valsartan
	eprosartan	olmesartan	
	irbesartan	telmisartan	
Antihypertensive combinations	candesartan-hydrochlorothiazide		hydrochlorothiazide-olmesartan
	eprosartan-hydrochlorothiazide		hydrochlorothiazide-telmisartan
	hydrochlorothiazide-irbesartan		hydrochlorothiazide-valsartan
	hydrochlorothiazide-losartan		

Evidence Based Care Report (EBCR) Measure Specifications

#24 Diabetes: ACE/ARB Use with Comorbid Nephropathy - the percentage of members with a diagnosis of diabetes with comorbid nephropathy who received ACE/ARB therapy

Source: BCBSM

Eligible population: Members between 18 and 75 years of age as of December 31 of the measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days

Denominator: Members between 18 and 75 years of age by December 31 of the measurement year
 ~ 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 (HEDIS 2008) **OR**
 ~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**
 ~ 2 outpatient visits with diabetes listed as one of the diagnoses **OR**
 ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **AND**
 ~ Outpatient visit with diagnosis of nephropathy

Numerator: At least 1 filled prescription for an ACE/ARB during the measurement year

Exclusions: Patients with polycystic ovaries, steroid induced or gestational diabetes and patients with contraindications or adverse reactions to ACE/ARB.

Codes to Identify Nephropathy

CPT	Revenue
3993 - 3995, 3953, 3943, 3942, 3927, 5498, 554 - 5569, 36800 - 36815, 50300,	800 - 804, 809, 820 - 825, 829 - 835, 839 - 845,
50340 - 50380, 90920, 90921, 90924, 90925, 90935 - 90937, 90945 - 90947, 90989 - 90999	849 - 855, 859 - 882, 889

Codes to Identify Evidence of Nephropathy

Description	CPT	CPT Category	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	UB Type of Bill	POS	LOINC
Urine macro-albumin test*	81000 - 81003, 81005	3062F							5804 - 0, 20454 - 5, 24356 - 8, 24357 - 6

Evidence Based Care Report (EBCR) Measure Specifications									
#24 Diabetes: ACE/ARB Use with Comorbid Nephropathy - the percentage of members with a diagnosis of diabetes with comorbid nephropathy who received ACE/ARB therapy									
Codes to Identify Evidence of Nephropathy									
Description	CPT	CPT Category	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	UB Type of Bill	POS	LOINC
Evidence of treatment for nephropathy	36145, 36800, 36810, 36815, 36818, 36819 - 36821, 36831 - 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90920, 90921, 90924, 90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512	3066F	G0257, G0314 - G0319, G0322, G0323, G0326, G0327, G0392, G0393, S9339	250.4, 403, 404, 405.01, 405.11, 405.91, 580 - 588, 753.0, 753.1, 791.0, V42.0, V45.1, V56	38.95, 39.27, 39.42, 39.43, 39.53, 39.93 - 39.95, 54.98, 55.4 - 55.6	0367, 080x, 082x - 085x, 088x	72x	65	
ACE inhibitor/ ARB therapy		4009F							

Evidence Based Care Report (EBCR) Measure Specifications			
#24 Diabetes: ACE/ARB Use with Comorbid Nephropathy - the percentage of members with a diagnosis of diabetes with comorbid nephropathy who received ACE/ARB therapy			
Angiotensin Converting Enzyme (ACE) Medications			
Description	Prescription		
Angiotensin Converting Enzyme inhibitors	benazepril captopril enalapril fosinopril	lisinopril moexipril perindopril quinapril	ramipril trandolapril
Antihypertensive combinations	amlodipine-benazepril benazepril-hydrochlorothiazide captopril-hydrochlorothiazide enalapril-felodipine enalapril-hydrochlorothiazide	fosinopril-hydrochlorothiazide hydrochlorothiazide-lisinopril hydrochlorothiazide-moexipril hydrochlorothiazide-quinapril	
Angiotensin Receptor Blocker (ARB) Medications			
Description	Prescription		
Angiotensin II inhibitors	candesartan eprosartan irbesartan	losartan olmesartan telmisartan	valsartan
Antihypertensive combinations	candesartan-hydrochlorothiazide eprosartan-hydrochlorothiazide hydrochlorothiazide-irbesartan hydrochlorothiazide-losartan	hydrochlorothiazide-olmesartan hydrochlorothiazide-telmisartan hydrochlorothiazide-valsartan	

Evidenced Based Care Report (EBCR) Measure Specifications

#25 Diabetes: ACE/ARB Use with Comorbidity Hypertension - the percentage of members with a diagnosis of diabetes with comorbid hypertension who received ACE/ARB therapy

Source: BCBSM

Eligible population: Members between 18 and 75 years of age as of December 31 of the measurement year

Continuous enrollment: The measurement year and the year prior to the measurement year with both medical and pharmacy coverage and no more than 1 gap in coverage of up to 30 days

Denominator: Between 18 and 75 years of age by December 31 of the measurement year.
 ~ 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 (HEDIS 2008) **OR**
 ~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**
 ~ 2 outpatient visits with diabetes listed as one of the diagnoses **OR**
 ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **AND**
 ~ Outpatient visit with diagnosis of hypertension

Numerator: At least 1 filled prescription for an ACE/ARB during the measurement year

Exclusions: Patients with polycystic ovaries, steroid induced or gestational diabetes and patients with contraindications or adverse reactions to ACE/ARB

Codes to Identify ACE/ARB Use with Comorbid Hypertension

DRGS	CPT	Revenue
401 - 40499	3993 - 3995, 3953, 3943, 3942, 3927, 5498, 554 - 5569, 36800 - 36815, 50300, 50340 - 50380, 90920, 90921, 90924, 90925, 90935 - 90937, 90945 - 90947, 90989 - 90999	800 - 804, 809, 820 - 825, 829 - 835, 839 - 845, 849 - 855, 859 - 882, 889

Evidenced Based Care Report (EBCR) Measure Specifications			
#25 Diabetes: ACE/ARB Use with Comorbidity Hypertension - the percentage of members with a diagnosis of diabetes with comorbid hypertension who received ACE/ARB therapy			
Angiotensin Converting Enzyme (ACE) Medications			
Description	Prescription		
Angiotensin Converting Enzyme Medications inhibitors	benazepril	lisinopril	ramipril
	captopril	moexipril	trandolapril
	enalapril	perindopril	
	fosinopril	quinapril	
Antihypertensive combinations	amlodipine-benazepril		fosinopril-hydrochlorothiazide
	benazepril-hydrochlorothiazide		hydrochlorothiazide-lisinopril
	captopril-hydrochlorothiazide		hydrochlorothiazide-moexipril
	enalapril-felodipine		hydrochlorothiazide-quinapril
	enalapril-hydrochlorothiazide		
Angiotensin Receptor Blocker (ARB) Medications			
Description	Prescription		
Angiotensin II inhibitors	candesartan	losartan	valsartan
	eprosartan	olmesartan	
	irbesartan	telmisartan	
Antihypertensive combinations	candesartan-hydrochlorothiazide		hydrochlorothiazide-olmesartan
	eprosartan-hydrochlorothiazide		hydrochlorothiazide-telmisartan
	hydrochlorothiazide-irbesartan		hydrochlorothiazide-valsartan
	hydrochlorothiazide-losartan		

Evidenced Based Care Report (EBCR) Measure Specifications

#26 Use of Imaging Studies for Low Back Pain - percentage of members with a diagnosis of low back pain who did not have an imaging study in the 28 days following the initial diagnosis

Source: HEDIS 2009

Eligible population: Members 18 years of age as of January 1 of the measurement year to 50 years as of December 31 of the measurement year
 ~ Must have had an outpatient or ED visit with a primary diagnosis of low back pain identified by using codes below in "Codes to Identify Low Back Pain"
AND "Codes to Identify Visit Type".

Continuous enrollment: Members must be continuously enrolled 180 days prior to the index episode date through 28 days after the index episode date.
 ~ The index episode is the earliest diagnosed date of low back pain in an ED or any outpatient setting. If more than 1 encounter occurred for the member, include only the first encounter.

Denominator: Eligible population

Numerator: An imaging study conducted on the index episode date or in the 28 days following the index episode date
 ~ A diagnosis code from "Codes to Identify Low Back Pain" must be in conjunction with a procedure code from "Codes to Identify Imaging Studies".

Calculation: The calculation is an inverted rate*: [1 - (Numerator/Eligible population)]. A higher score indicates appropriate treatment of low back pain.
 * The "inverted rate" is calculated "by difference" which means subtracting the percentage score, found by dividing Numerator by Eligible population, from 1.

Exclusions: Members with any low back pain diagnosis during the 180 days (6 months) prior to the index episode date. Also exclude members with cancer, recent trauma, intravenous drug abuse, and neurological impairment diagnoses.
 ~ Please refer below for "Codes to Identify Exclusions"

Codes to Identify Low Back Pain			Codes to Identify Exclusions	
ICD-9-CM Diagnosis			Description	ICD-9-CM Diagnosis
721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.2, 724.3, 724.5, 724.6, 724.70, 724.71, 724.79, 738.5, 739.3, 739.4, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9, 847.2			Cancer	140 - 208, 230 - 239
Codes to Identify Visit Type			Trauma	800 - 839, 850 - 854, 860 - 869, 905 - 909, 926.11, 926.12, 929, 952, 958 - 959
Description	CPT	UB Revenue	IV drug abuse	304.0, 304.1x, 304.2x, 304.4x, 305.4x, 305.5x, 305.6x, 305.7x
Outpatient	98925 - 98929, 98940 - 98942, 99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99345, 99347 - 99350, cont.	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 077x, 0982, 0983	Neurologic impairment	344.60, 729.2

Evidenced Based Care Report (EBCR) Measure Specifications

#26 Use of Imaging Studies for Low Back Pain - percentage of members with a diagnosis of low back pain who did not have an imaging study in the 28 days following the initial diagnosis

Codes to Identify Visit Type

Description	CPT	UB Revenue
Outpatient	99385, 99386, 99395, 99396, 99401 - 99404, 99411, 99412, 99420, 99429, 99455, 99456,	
Emergency Department	99281 - 99285	045x, 0981

Codes to Identify Imaging Studies

Description	CPT	UB Revenue
Imaging studies	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131 - 72133, 72141, 72142, 72146 - 72149, 72156, 72158, 72200, 72202, 72220	0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972

Evidence Based Care Report (EBCR) Measure Specifications

#27 Antidepressant Medication Management - The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, 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).

Source: HEDIS 2009

Eligible population: 18 years and older as of April 30 of the measurement year

Continuous enrollment: 120 days prior to the IESD (Index Episode Start Date) through 245 days after the IESD. Please note there is a 30-day allowed gap in treatment for the ACUTE measure and a 51-day gap allowed in treatment for the CONTINUOUS measure.

Denominator: Members 18 years of age and older as of April 30 of the measurement year:

- ~ At least one principal diagnosis of major depression in any setting, **OR**
- ~ At least two visits in an outpatient, ED, intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression, **OR**
- ~ At least one acute or nonacute inpatient discharge with any diagnosis of major depression

Numerator: Acute - Continuous treatment with an antidepressant medication for at least 12 weeks
 Continuous - Continuous treatment with an antidepressant medication for at least 6 months

Exclusions: Members who had a previous diagnosis of major depression prior to the during the 120 days prior to the IESD and members who filled a prescription for an antidepressant medication from 90 days prior to and including the IPSD.

Codes to Identify Visit Type

Description	CPT	UB Revenue
Acute inpatient	99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255, 99261 - 99263, 99291	010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 020x - 022x, 072x, 080x, 0987
Nonacute inpatient	99301 - 99313, 99315, 99316, 99318, 99321 - 99328, 99331 - 99337	0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x
ED	99281 - 99285	045x, 0981

Evidence Based Care Report (EBCR) Measure Specifications

#27 Antidepressant Medication Management - The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, 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).

Codes to Identify Visit Type

Description	CPT	UB Revenue	HCPCS
Outpatient, intensive outpatient and partial hospitalization	90804 - 90815, 98960 - 98962, 99078,	0510, 0513, 0515 -0517,	G0155, G0176, G0177, H0002,
	99201 - 99205, 99211 - 99215, 99217 - 99220,	0519 - 0523, 0526 - 0529,	H0004, H0031, H0034 - H0037,
	99241 - 99245, 99341 - 99345, 99347 - 99350,	077x, 0900, 0902 - 0905,	H0039, H0040, H2000, H2001,
	99384-99387, 99341 - 99397, 99401 - 99404,	0907, 0911 -0 917, 0919,	H2010 - H2020, M0064, S0201,
	99411, 99412, 99510	0982, 0983	S9480, S9484, S9485
CPT			POS
90801, 90802, 90816 - 90819, 90821 - 90824, 90826 - 90829,		WITH	05, 07, 11, 12, 15, 20, 22, 49,
90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871,			50, 52, 53, 71, 72
90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239,			
99251 - 99255, 99261 - 99263			

Codes to Identify Major Depression

Description	ICD-9-CM Diagnosis
Major depression	296.20 - 296.25, 296.30 - 296.35, 298.0, 300.4, 309.1, 311
Depression	296.26, 296.36, 296.4 - 296.9, 309.0, 309.28

Evidence Based Care Report (EBCR) Measure Specifications

#27 Antidepressant Medication Management - The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, 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).

Antidepressants Drugs

Description	Prescription
Miscellaneous antidepressants	bupropion
Monoamine oxidase inhibitors	isocarboxazid phenelzine
Phenylpiperazine antidepressants	netazodone
	selegiline tranylcypromine trazodone

Antidepressants Drugs

Description	Prescription
Psychotherapeutic combinations	amitriptyline-chlordiazepoxide amitriptyline-perphenazine
SSNRI antidepressants	desvenlafaxine fluoxetine venlafaxine
SSRI antidepressants	citalopram escitalopram fluoxetine fluvoxamine paroxetine sertraline
Tetracyclic antidepressants	maprotiline mirtazapine
Tricyclic antidepressants	amitriptyline amoxapine clomipramine desipramine doxepin imipramine nortriptyline protriptyline trimipramine

Evidence Based Care Report (EBCR) Measure Specifications

#28 Medication Management: Annual Monitoring for Patients on Persistent Medications - The percentage of members 18 years of age and older who received at least a 180-days supply 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. The following is how the rates will be reported:

- 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)

Source: HEDIS 2009

Eligible population: 18 years and older as of December 31 of the measurement year

Continuous enrollment: The measurement year with both medical and pharmacy coverage (the member may have a 1-month gap in coverage)

Rate 1: Annual Monitoring for Members on ACE Inhibitors or ARBs

Denominator: Members who received at least a 180-days supply of ACE inhibitors or ARBs, during the measurement year. Note: Members may switch therapy with any medication listed below during the measurement year and have the days supply for those medications count toward the total 180-days supply (i.e., a member who received 90 days of ACE inhibitors and 90 days of ARBs meets the denominator definition for rate 1).

Numerator: At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. The two tests do not need to occur on the same service date, only within the measurement year.

ACE Inhibitors/ARBs

Description	Prescription
Angiotensin Converting Enzyme Medications inhibitors	benazepril lisinopril ramipril captopril moexipril trandolapril enalapril perindopril fosinopril quinapril
Antihypertensive combinations	amlodipine-benazepril fosinopril-hydrochlorothiazide benazepril-hydrochlorothiazide hydrochlorothiazide-irbesartan candesartan-hydrochlorothiazide hydrochlorothiazide-lisinopril captopril-hydrochlorothiazide hydrochlorothiazide-losartan enalapril-hydrochlorothiazide hydrochlorothiazide-moexipril hydrochlorothiazide-quinapril hydrochlorothiazide-telmisartan hydrochlorothiazide-valsartan trandolapril-verapamil trandolapril-verapamil
Angiotensin II inhibitors	candesartan eprosartan irbesartan losartan olmesartan telmisartan valsartan

Evidence Based Care Report (EBCR) Measure Specifications

#28 Medication Management: Annual Monitoring for Patients on Persistent Medications - The percentage of members 18 years of age and older who received at least a 180-days supply 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. The following is how the rates will be reported:

- 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)

Codes to Identify Physiologic Monitoring Tests

Description	CPT	LOINC
Serum potassium (K+)	80047, 80048, 80050, 80051, 80053, 80069, 84132	2824-1, 2823 - 3, 6298 - 4, 12812 - 4, 12813 - 2, 22760 - 3, 24320 - 4, 24321 - 2, 24322 - 0, 24323 - 8, 24326 - 1, 24362 - 6, 29349 - 8, 32713 - 0, 34548 - 8, 34554 - 6

WITH

Serum creatinine (SCr)	80047, 80048, 80050, 80053, 80069, 82565, 82575	2160 - 0, 2163 - 4, 2164 - 2, 11041 - 1, 11042 - 9, 12195 - 4, 13441 - 1, 13442 - 9, 13443 - 7, 13446 - 0, 13447 - 8, 13449 - 4, 13450 - 2, 14682 - 9, 16188 - 5, 16189 - 3, 21232 - 4, 24321 - 2, 24322 - 0, 24323 - 8, 24320 - 4, 24362 - 6, 26752 - 6, 33558 - 8, 34555 - 3, 35591 - 7, 35592 - 5, 35593 - 3, 35594 - 1, 38483 - 4
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OR

Blood urea nitrogen (BUN)	80047, 80048, 80050, 80053, 80069, 84520, 84525	3094 - 0, 6299 - 2, 11064 - 3, 11065 - 0, 12964 - 3, 12965 - 0, 12966 - 8, 14937 - 7, 24320 - 4, 24321 - 2, 24322 - 0, 24323 - 8, 24362 - 6
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Rate 2: Annual Monitoring for Members on Digoxin

Denominator Members who received at least a 180-days supply of digoxin during the measurement year.

Numerator: At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. Note: The two tests do not need to occur on the same service date, only within the measurement year

Description	Prescription
Inotropic agents	digoxin

Evidence Based Care Report (EBCR) Measure Specifications

#28 Medication Management: Annual Monitoring for Patients on Persistent Medications - The percentage of members 18 years of age and older who received at least a 180-days supply 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. The following is how the rates will be reported:

- 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)

Rate 3: Annual Monitoring for Members on Diuretics

Denominator: Members who received at least a 180-days supply of digoxin during the measurement year

Numerator: At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. Note: The two tests do not need to occur on the same service date, only within the measurement year.

Drugs to Identify Members on Diuretics

Description	Prescription		
Antihypertensive combinations	aliskiren-hydrochlorothiazide amiloride-hydrochlorothiazide atenolol-chlorthalidone benazepril-hydrochlorothiazide bendroflumethiazide-nadolol bisoprolol-hydrochlorothiazide candesartan-hydrochlorothiazide captopril-hydrochlorothiazide chlorthalidone-clonidine	enalapril-hydrochlorothiazide eprosartan-hydrochlorothiazide fosinopril-hydrochlorothiazide hydrochlorothiazide-irbesartan hydrochlorothiazide-losartan hydrochlorothiazide-methyldopa hydrochlorothiazide-metoprolol hydrochlorothiazide-moexipril hydrochlorothiazide-olmesartan	hydrochlorothiazide-propranolol hydrochlorothiazide-quinapril hydrochlorothiazide-spirolactone hydrochlorothiazide-telmisartan hydrochlorothiazide-timolol hydrochlorothiazide-triamterene hydrochlorothiazide-valsartan polythiazide-prazosin
Loop diuretics	bumetanide ethacrynic acid	furosemide torsemide	
Potassium-sparing diuretics	amiloride eplerenone	spironolactone triamterene	
Thiazide diuretics	bendroflumethiazide chlorothiazide chlorthalidone hydrochlorothiazide	hydroflumethiazide indapamide methyclothiazide metolazone	polythiazide trichlormethiazide

Evidence Based Care Report (EBCR) Measure Specifications

#28 Medication Management: Annual Monitoring for Patients on Persistent Medications - The percentage of members 18 years of age and older who received at least a 180-days supply 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. The following is how the rates will be reported:

- 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)

Rate 4: Annual Monitoring for Members on Anticonvulsants

Denominator: Members who received at least a 180-days supply for an anticonvulsant during the measurement year. Note: Members who are on multiple anticonvulsant drugs count toward the denominator multiple times if they meet the persistent medications criteria for each drug taken during the measurement year (i.e., a member who received at least 180 days of phenytoin and 180 days of valproic acid is counted twice in the denominator for Rate 4, once for each drug).

Numerator: At least one drug serum concentration level monitoring test for the prescribed drug in the measurement year.

If a member received only one type of anticonvulsant, the drug serum concentration level test must be for the specific drug taken as a persistent medication (i.e., a member on phenytoin received a drug serum test for phenytoin). If a member persistently received multiple types of anticonvulsants, each anticonvulsant medication and drug monitoring test combination is counted as a unique event (i.e., a member on both phenytoin and valproic acid with at least a 180-days supply for each drug in the measurement year must separately show evidence of receiving drug serum concentration tests for each drug to be considered numerator-compliant for each drug).

Drugs to Identify Members on Anticonvulsants

Description	Prescription
Barbiturate anticonvulsants	phenobarbital
Dibenzazepine anticonvulsants	carbamazepine
Hydantoin anticonvulsants	phenytoin
Miscellaneous anticonvulsants	divalproex sodium valproic acid

Codes to Identify Drug Serum Concentration Monitoring Tests

Description	CPT	LOINC
Drug serum concentration for phenobarbital	80184	3948 - 7, 3951 - 1, 10547 - 8, 14874 - 2, 34365 - 7
Drug serum concentration for phenytoin	80185, 80186	3968 - 5, 3969 - 3, 14877 - 5, 32109 - 1, 34540 - 5
Drug serum concentration for valproic acid and divalproex sodium	80164	4086 - 5, 4087 - 3, 4088 - 1, 14946 - 8, 18489 - 5, 21590 - 5, 32119-0, 32283 - 4
Drug serum concentration for carbamazepine	80156, 80157	3432 - 2, 3433 - 0, 9415 - 1, 14056 - 6, 14639 - 9, 18270 - 9, 29147 - 6, 29148 - 4, 32058 - 0, 32852 - 6, 34545 - 4