

2025

Star Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Effectiveness of Care HEDIS® Measure

Measure description

The percentage of patients with clinical atherosclerotic cardiovascular disease (ASCVD) receiving statin therapy.

Measure population (denominator)

Males 21–75 years of age and females 40–75 years of age during the measurement year and identified as having clinical ASCVD such as:

- Myocardial infarction (MI)
- Coronary artery bypass graft (CABG)
- Ischemic vascular disease (IVD)
- Percutaneous coronary intervention (PCI)
- Other revascularization procedure

Measure compliance (numerator)

Patients dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

Note: Patients must use their Medicare Part D pharmacy benefit to close this measure.

Did you know?

- Cardiovascular disease is the leading cause of death in the United States.
- Unhealthy cholesterol levels places patients at a significant risk for developing ASCVD.
- Effective statin therapy can dramatically reduce deaths from coronary artery diseases.

Category	Medication	
High-intensity	<ul style="list-style-type: none">• Atorvastatin 40–80 mg• Amlodipine-atorvastatin 40–80 mg• Rosuvastatin 20–40 mg	<ul style="list-style-type: none">• Ezetimibe-simvastatin 80 mg• Simvastatin 80 mg
Moderate-intensity	<ul style="list-style-type: none">• Atorvastatin 10–20 mg• Amlodipine-atorvastatin 10–20 mg• Rosuvastatin 5–10 mg• Simvastatin 20–40 mg• Ezetimibe-simvastatin 20–40 mg	<ul style="list-style-type: none">• Pravastatin 40–80 mg• Lovastatin 40–60 mg• Fluvastatin 40–80 mg• Pitavastatin 1–4mg

Exclusions

- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year
 - Patients on low dose statins that cannot tolerate moderate or high intensity statins may be excluded if one of these conditions apply
- Myalgia or rhabdomyolysis caused by a statin any time during the patients history
- Received hospice services anytime during the measurement year
- Received palliative care during the measurement year
- Deceased during the measurement year
- Are age 66 and older with advanced illness and frailty (for additional definition information, see the Advanced Illness and Frailty Guide)
- Any of the following during the **measurement year or the year prior**
 - Pregnancy diagnosis, IVF or at least one prescription for clomiphene (estrogen agonists)
 - End stage renal disease or dialysis
 - Cirrhosis

Helpful HEDIS hints

- Educate patients on the importance of statin medication adherence.
- Instruct patients to contact their practitioner if they are experiencing adverse effects.
 - Document any adverse effects from statin therapy.
 - Determine if the signs/symptoms qualify as an exclusion.
 - Try reducing the dose or frequency.
 - Consider trying a different statin.
- Once patients demonstrate they can tolerate statin therapy, encourage them to obtain 90-day supplies at their pharmacy.
- Consider adding directives to prescriptions instructing the pharmacy to run it through the patient's pharmacy benefit, especially when utilizing discount programs.
- Instruct patients to fill prescriptions using their pharmacy benefit.
 - Gap closure is dependent on Medicare Part D pharmacy claims.
 - Discount programs, VA benefits, cash claims and medication samples will not count.

Tips for coding

- In order to exclude patients who cannot tolerate statin medications, a claim **MUST** be submitted **annually** using the appropriate ICD-10-CM code.
- These codes are intended to close Star measure gaps and do not apply to payment or reimbursement. Only the codes listed below will exclude the patient from the SPC measure.
- Providers may contact the patient to confirm and document the diagnosis in the medical record. They should then bill the non-reimbursable HCPCS code G9781 for \$0.01 with the applicable ICD-10 code attached to process the claim and remove the patient from the Star measure.

Condition	ICD-10-CM Codes
Myalgia	M79.10–M79.12, M79.18
Myositis	M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9
Myopathy	G72.0, G72.2, G72.9
Rhabdomyolysis	M62.82
Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
End stage renal disease (ESRD)	N18.5, N18.6, Z99.2
Pregnancy	Numerous > 1k
Condition	CPT® and HCPCS Codes
Dialysis	90935, 90937, 90945, 90947, 90997, 90999, 99512, G0257, S9339
Condition	HCPCS Codes
In vitro fertilization (IVF)	S4015, S4016, S4018, S4020, S4021

Resources

1. American Heart Association (AHA). 2021. "2021 Heart Disease and Stroke Statistics Update Fact Sheet." heart.org/-/media/phd-files-2/science-news/2/2021-heart-and-stroke-stat-update/2021_heart_disease_and_stroke_statistics_update_fact_sheet_at_a_glance.pdf
2. American College of Cardiology. 2022. "Statin Use for Primary Prevention of CVD: USPSTF Recommendation." acc.org/Latest-in-Cardiology/ten-points-to-remember/2022/08/23/22/22/Statin-Use-for-the-Primary-Prevention

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