

2023 Star Measure Tips



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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 Use in Persons with Diabetes (SUPD)

Pharmacy Quality Alliance-endorsed performance measures

Measure description

Percentage of patients with diabetes receiving statin therapy.

Measure population (denominator)

Patients with diabetes age 40–75 years old who were dispensed at least two diabetes medication fills during the measurement year.

Measure compliance (numerator)

Patient dispensed at least one statin medication of any intensity during the measurement year.

Did you know?

- Patients with diabetes have an increased prevalence of lipid abnormalities, which contributes to their increased risk of cardiovascular disease.
- Statins are effective at lowering cholesterol and protecting against a heart attack and/or stroke.
- The American College of Cardiology/American Heart Association (ACC/AHA) and the American Diabetes Association guidelines all recommend using statins in patients with diabetes.

Statin Medications: Generic and Brand Names

Atorvastatin (Lipitor, Caduet)	Lovastatin (Altoprev)	Pravastatin (Pravachol)	Simvastatin (Zocor, Vytorin)
Fluvastatin (Lescol XL)	Pitavastatin (Livalo, Zypitamag)	Rosuvastatin (Crestor, Ezallor)	

Note: Patients must use their pharmacy benefit to close this measure. Statins found in combination medications (i.e., Caduet, Vytorin) meet the measure.

continued

Exclusions

- Myositis, myopathy, or rhabdomyolysis during the measurement year
- Pre-diabetes
- End stage renal disease (ESRD)
- Cirrhosis
- Pregnant, lactating, or undergoing fertility treatment.
- Polycystic Ovarian Syndrome (PCOS)
- Received hospice services anytime during the measurement year.

Helpful HEDIS hints

- Prescribe at least one statin medication during the measurement year to patients diagnosed with diabetes.
- Educate patients on the importance of statin medications for patients with diabetes over the age of 40, regardless of LDL levels.
- Discuss with patients the importance of taking their medications as prescribed.
- Once patients demonstrate that they tolerate statin therapy, encourage them to obtain 90-day supplies through their pharmacy or mail order pharmacy.
- Instruct patients to fill prescriptions using their pharmacy benefit.
 - Claims filled through pharmacy discount programs, cash claims, and medication samples will not count.
 - Gap closure is dependent on pharmacy claims.
 - Medication costs are often less when patients use their pharmacy benefit.
- This measure overlaps with other HEDIS® and PQA pharmacy measures
 - Statin Therapy for Patients with Cardiovascular Disease/Diabetes (SPC/SPD)
 - Medication Adherence for Cholesterol (Statins).
- For patients turning 76 years old during the measurement year, a statin must be filled no later than a month before their 76th birthday.
- Remind patients to contact practitioner if experiencing medication adverse effects.
- Consider trying a different statin and/or reducing the dose or frequency if patients are experiencing adverse effects.

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 SUPD measure.

Condition	ICD-10-CM code
Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69
ESRD	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2
Pregnancy and/or Lactation	Numerous > 1k
Polycystic Ovarian Syndrome	E28.2
Pre-diabetes	R73.03
Other abnormal blood glucose	R73.09
Myopathy, drug induced *	G72.0
Myopathy, Other specified *	G72.89
Myopathy, unspecified *	G72.9
Myositis, other *	M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879
Myositis, unspecified *	M60.9
Rhabdomyolysis *	M62.82

*The condition the code refers to does not necessarily need to occur in the same year the code was billed. The member's medical chart should reflect 'history of'.

Resources

1. American College of Cardiology (ACC) / American Heart Association (AHA). 2019. "ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease."
<https://www.acc.org/Latest-in-Cardiology/ten-points-to-remember/2019/03/07/16/00/2019-ACC-AHA-Guideline-on-Primary-Prevention-gi-prevention>
2. Mangione, Carol M. (2022). "Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: US Preventive Services Task Force Recommendation Statement." JAMA : the Journal of the American Medical Association (0098-7484), 328 (8), p. 746.
<https://jamanetwork.com/journals/jama/fullarticle/2795521>
3. Cardiovascular Disease and Risk Management: Standards of Medical Care in Diabetes—2022. Diabetes Care 2022;45 (Supplement_1): S144–S174. https://diabetesjournals.org/care/article/45/Supplement_1/S144/138910/10-Cardiovascular-Disease-and-Risk-Management

Pharmacy Quality Alliance (PQA) is a national quality organization dedicated to improving medication safety, adherence and appropriate use. PQA measures are included in the Medicare Part D Star Ratings.

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