



Evidence Based Care Report (EBCR) Measure Specifications for PGIP 2010 Program Year



Source: BCBSM PGIP Program
Released: November 2010

This page is an overview of changes to the EBCR measures for the 2010 Program Year. The following pages contain each measure and specifications including definition of the eligible population, enrollment requirements, numerator, denominator, exclusions and codes to identify the conditions and treatments/tests.

A. Current Measures

Measure Source

Adult Prevention

- | | | |
|------------------------------|-------|---|
| 1. Breast Cancer Screening | HEDIS | Changes effective with the 3Q09 EBCR to be released 3/8/10 are noted in red bold font |
| 2. Cervical Cancer Screening | HEDIS | |

Antibiotic Use

- | | | |
|---|-------|--|
| 3. Appropriate Treatment for Children with an Upper Respiratory Infection | HEDIS | Changes effective with the 1Q10 EBCR are noted in green italics font |
| 4. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis | HEDIS | |

Asthma

- | | | |
|--|-------|--|
| 5. Appropriate Medication Use (RETIRED, 2009 PY) | HEDIS | |
|--|-------|--|

Child/Adolescent Prevention

- | | | |
|--|-------|--|
| 6. Adolescent Well Care Visits | HEDIS | |
| 7. Adolescent Immunizations* | HEDIS | |
| 8. Childhood Immunization Status | HEDIS | |
| 9. Well Child Visits in the First 15 Months of Life | HEDIS | |
| 10. Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | HEDIS | |
| *replaces the "Adolescent Immunization Status" spec that was based on the 2007 HEDIS technical specs | | |

Chronic Obstructive Pulmonary Disease (COPD)

- | | | |
|---|-------|--|
| 11. Use of Spirometry Testing in the Assessment and Diagnosis of COPD | HEDIS | |
|---|-------|--|

Congestive Heart Failure (CHF)

- | | | |
|--|-------|--|
| 12. LDL-C Screening | MQIC | |
| 13. Rate of ACE/ARB | BCBSM | |
| 14. ACE/ARB Continuation and Persistence | BCBSM | |

Coronary Artery Disease (CAD)

- | | | |
|--|-------|--|
| 15. Persistence of Beta-Blocker Treatment After a Heart Attack | HEDIS | |
| 16. LDL-C Screening | BCBSM | |
| 17. Lipid Lowering Drug Rate | BCBSM | |
| 18. Statin Use (RETIRED, 2010 PY) | MQIC | |

Diabetes**

- | | | |
|---|-------|--|
| 19. HbA1c Testing | HEDIS | |
| 20. LDL-C Screening Test | HEDIS | |
| 21. Monitor for Nephropathy | HEDIS | |
| 22. Lipid Lowering Drug Rate | BCBSM | |
| 23. Statin Use (RETIRED, 2010 PY) | MQIC | |
| 24. ACE/ARB Use with Comorbid CHF | BCBSM | |
| 25. ACE/ARB Use with Comorbid Nephropathy | BCBSM | |
| 26. ACE/ARB Use with Comorbid Hypertension | BCBSM | |
| ** includes a separate spec that provides all information on the detail behind the diabetes denominator | | |

Low Back Pain

- | | | |
|--|-------|--|
| 27. Use of Imaging Studies for Low Back Pain | HEDIS | |
|--|-------|--|

Medication Management

- | | | |
|---|-------|--|
| 28. Antidepressant Medication Management | HEDIS | |
| 29. Medication Management: Annual Monitoring for Patients on Persistent Medications | HEDIS | |

New Measures for 2010: Relative Resource Use

- | | | |
|---|-------|--|
| 30. Relative Resource Use for People With Diabetes | HEDIS | |
| 31. Relative Resource Use for People With Cardiovascular Conditions | HEDIS | |

Measure	Changes to 2010 EBCR Measures
Adult Prevention	
Breast Cancer Screening	No Change
Cervical Cancer Screening	• Add ICD-9-CM diagnosis codes V88.01, V88.03
Antibiotic Use	
Appropriate Use for URI	• Add competing diagnosis criteria for acne
Appropriate Use for Bronchitis	• Add ICD-9-CM diagnosis code 209 to "malignancy neoplasms" description
Asthma - (RETIRED, 2009 PY)	
Appropriate Medication Use	<ul style="list-style-type: none"> • Change upper age limit from 56 to 50 • Delete CPT codes 99261-99263 from visit type • Add exclusions for cystic fibrosis and acute respiratory failure
Child/Adolescent Prevention	
Adolescent Immunization	• Measure reinstated for HEDIS in 2010; revision of numerator and codes to identify adolescent immunizations
Childhood Immunization Status	<ul style="list-style-type: none"> • Add hepatitis A, rotavirus and influenza vaccines • Add Combinations 4-10 • Add CPT1 code 90670 to the "pneumococcal conjugate" description • Clarified that pneumococcal conjugate vaccinations administered prior to 42 days after birth should not be counted as a numerator hit.
Well Child Visits (all three cohorts)	No Change
COPD	
Use of Spirometry in Assessment & Diagnosis of COPD	No Change
Congestive Heart Failure	
LDL-C Screening	• Delete CPT codes 99301-99313, 99315-99318, 99321-99328, 99331-99337 from "inpatient" definition
Rate of ACE/ARB	<ul style="list-style-type: none"> • Change age range to 18-75 • Delete CPT codes 99301-99313, 99315-99318, 99321-99328, 99331-99337 from "inpatient" definition • Change from 3 outpatient encounters to 2 outpatient encounters
ACE/ARB Continuation and Persistence	<ul style="list-style-type: none"> • Change age range to 18-75 • Delete CPT codes 99301-99313, 99315-99318, 99321-99328, 99331-99337 from "inpatient" definition • Change from 3 outpatient encounters to 2 outpatient encounters
Coronary Artery Disease	
Persistence of Beta Blocker Treatment after an AMI	No Change
LDL-C Screening	• Change 1 OP to 2 OP service professional or facility to denominator definitior
Lipid Lowering Drug Rate	• Change 1 OP to 2 OP service professional or facility to denominator definitior
Statin Use (RETIRED, 2010 PY)	No Change
Diabetes	
HbA1c Testing	• Delete CPT Category II code 3047F
LDL-C Screening	<ul style="list-style-type: none"> • Add LOINC code 55440-2 • Delete LOINC code 24331-1
Monitor for Nephropathy	<ul style="list-style-type: none"> • Delete LOINC codes 24356-8, 24357-6, 50556-0, 50564-4 (from "Evidence of nephropathy") • Delete LOINC code 34535-5, 50561-0, 53525-2 (from "Nephropathy screening") • Add CPT codes 90957-90962, 90965, 90966, 90969, 90970 (to "Evidence of treatment for nephropathy") • Add LOINC code 53525-2 (to "Evidence of treatment for nephropathy") • Delete CPT code 90939 (from "Evidence of nephropathy")
Lipid Lowering Drug Rate	No Change
Statin Use (RETIRED, 2010 PY)	• Change age range from 18-75 to 50-75
ACE/ARB Use with Comorbid CHF	<ul style="list-style-type: none"> • Change from one outpatient service to 2 outpatient services • Add to definition of denominator with OP visits "...or nonacute inpatient"
ACE/ARB Use with Comorbid Nephropathy	<ul style="list-style-type: none"> • Change from one outpatient service to 2 outpatient services • Add to definition of denominator with OP visits "...or nonacute inpatient"
ACE/ARB Use with Comorbid Hypertension	<ul style="list-style-type: none"> • Change from one outpatient service to 2 outpatient services • Add to definition of denominator with OP visits "...or nonacute inpatient"
Denominator Detail	<ul style="list-style-type: none"> • Add ICD-9-CM diagnosis code 249 to "steroid induced" description for exclusion: • Add CPT1 code 90670 to the "Pneumococcal conjugate" descriptor • Delete CPT codes 99261-99263, 99301-99303, 99311-99313, 99321-99323, 99331-99333 from Visit Type • Add CPT codes 90957-90962, 90965, 90966, 90969, 90970 to "ESRD" descriptor • Add to definition of denominator with OP visits "...or nonacute inpatient"
Low Back Pain	
Use of Imaging Studies	• Add CPT 209 to "Cancer" description
Medication Management	
Antidepressants	• Delete CPT codes 90871, 99261-99263
Annual Monitoring for Patiens on Persistent Medications	• Delete LOINC 24320-4, 24321-2, 24326-1, 24322-0, 24323-8, 24362-6, 34554-6, 34555-3, 45064-3, 45065-0, 45066-8, 50261-7, 34540-5 and 34545-4
Relative Resource Use	
Diabetes	• New measure for 2010 PY
Cardiovascular Conditions	• New measure for 2010 PY

Evidence 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 period

Source: HEDIS 2010 (modified*)

Eligible population: Women members 42-69 years of age as of the end of the measurement period

Continuous enrollment: Members must be continuously enrolled during the measurement period and the year prior to the measurement period. No more than one gap in enrollment of up to 30* days during each year of continuous enrollment is allowed.

Denominator: Eligible population

Numerator: One or more mammograms during the measurement period or the year prior to the measurement period. 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".

Notes:

Beginning with the 4Q 2008 EBCR, BCBSM began looking back 6 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.

Biopsies, breast ultrasounds, and MRIs are not counted as they are not primary screening procedures.

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 WITH Modifier .50 or modifier code 09950**	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

* HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

** **.50 and 09950 modifier codes indicate the procedure was bilateral and performed during the same operative session.**

Evidence 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 period****Source:** HEDIS 2010**Eligible population:** Women members 24-64 years of age as of the end of the measurement period**Continuous enrollment:** Members must be continuously enrolled during the measurement period and the 2 years prior to the measurement period (see "Note"). No more than one gap in enrollment of up to 30* days during each year of continuous enrollment is allowed.**Denominator:** Eligible population**Numerator:** One 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)

Notes: Beginning with the 4Q 2008 EBCR, BCBSM began looking back 6 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 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, V88.01, V88.03	91.46	0923	10524 - 7, 18500 - 9, 19762 - 4, 19764 - 0, 19765 - 7, 19766 - 5, 19774 - 9, 33717 - 0, 47527-7, 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, 58570 - 58573, 58951, 58953, 58954, 58956, 59135	618.5, V67.01, V76.47	68.4 - 68.8

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**LOINCs are the universal standard codes used by lab vendors to indicate lab procedure. BCBSM uses CPT codes to identify lab procedures for this measure.
November 2009

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 2010

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 period

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

Denominator: Children 3 months to 18 years during the reporting period

~ *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).

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, 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
<i>Acne</i>	<i>706.0, 706.1</i>

Evidence Based Care Report (EBCR) Measure Specifications**#4 Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis - percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription****Source:** HEDIS 2010**Eligible population:** Members between 18 years as of the first day of the measurement period and 64 years as of the end of the measurement period**Continuous enrollment:** One year prior to the Episode Date through 7 days after the Episode Date (inclusive). **No more than one gap of 30* days from 365 days prior to through 7 days after the Episode Date.****Denominator:** Adults 18 years as of January 1 to 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*~ ***negative competing diagnosis 30 days prior and 7 days after 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.**Note:** Do not include ED visits that result in an inpatient admission**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	
ED	99281 - 99285	045x, 0981	

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

Acute Bronchitis			466.0
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Evidence Based Care Report (EBCR) Measure Specifications						
#4 Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis - 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					
Aminoglycosides	amikacin	kanamycin	streptomycin	gentamicin	neomycin	tobramycin
Aminopenicillins	amoxicillin ampicillin					
Antipseudomonal penicillins	piperacillin ticarcillin					
Beta-lactamase inhibitors	amoxicillin-clavulanate	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 erythromycin	clarithromycin	erythromycin ethylsuccinate	erythromycin stearate	erythromycin lactobionate	
Miscellaneous antibiotics	aztreonam chloramphenicol dalfopristin-quinupristin	daptomycin erythromycin-sulfisoxazole	linezolid metronidazole vancomycin			
Sulfamethoxazole-trimethoprim DS	sulfamethoxazole-trimethoprim					
Natural penicillins	penicillin G benzathine-procaine	penicillin G potassium	penicillin G sodium	penicillin G procaine	penicillin V potassium	
Penicillinase resistant penicillins	dicloxacillin	nafcillin	oxacillin			
Quinolones	levofloxacin gatifloxacin	lomefloxacin ciprofloxacin	ofloxacin gemifloxacin	norfloxacin	moxifloxacin	sparfloxacin
Rifamycin derivatives	rifampin					
Second generation cephalosporin	cefoxitin cefaclor	cefuroxime	cefotetan	cefprozil	loracarbef	
Sulfonamides	sulfadiazine sulfisoxazole sulfamethoxazole-trimethoprim					
Tetracyclines	doxycycline minocycline tetracycline					

Evidence Based Care Report (EBCR) Measure Specifications						
#4 Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis -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 cefditoren	ceftibuten cefpodoxine	cefdinir ceftizoxime	cefixime	ceftriaxone	ceftazidime
Urinary anti-infectives	nitrofurantoin	nitrofurantoin-macrocrystals	trimethoprim	fosfomycin	nitrofurantoin macrocrystals-monohydrate	
Codes to Identify Comorbid Conditions						
Description	ICD-9-CM					
HIV disease; asymptomatic HIV	042, V08					
Cystic fibrosis	277.0					
Disorders of the immune system	279					
Malignancy neoplasms	140-209					
Chronic bronchitis	491					
Emphysema	492					
Bronchiectasis	494					
Extrinsic allergic alveolitis	495					
Chronic airway obstruction, chronic obstructive asthma	493.2, 496					
Pneumoconiosis and other lung disease due to external agents	500-508					
Other diseases of the respiratory system	510-519					
Tuberculosis	010-018					

* HEDIS uses 45 days, but BCBSM updates enrollment every 30, 60 and 90 days.

Evidence Based Care Report (EBCR) Measure Specifications (Retired for 2009 Program Year)**#5 Asthma: Appropriate Medication Use - percentage of members 5-50 years of age during the measurement period who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement period**

Source: HEDIS 2010

Eligible population: Members 5-50 years by the end of the measurement period

Continuous enrollment: Members must be continuously enrolled during the measurement period *and the year* prior to the measurement period.

Denominator: Eligible population for each age category.

Step 1: Identify members as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria does not need to be the same across both years.

- ~ At least one ED visit with asthma as the principal diagnosis (please refer below to "Codes to Identify Asthma" and "Codes to Identify Visit Type") OR
- ~ At least one acute inpatient *claim/encounter* with asthma as the principal diagnosis OR
- ~ At least four outpatient asthma visits, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events (please refer below to "Asthma Medications") OR
- ~ At least four asthma medication dispensing events

Step 2: A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers were the sole asthma medication dispensed in that year, must also *have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier (i.e., measurement year or year prior to the measurement year)* :

Numerator: Dispensed at least one prescription for a preferred therapy during the measurement year.

- ~ Please refer below to "Preferred Asthma Therapy Medicatons"

Exclusions: Members with a diagnosis of emphysema, COPD, *cystic fibrosis or acute respiratory failure* during the measurement year.

- ~Please refer below to "Codes to Identify Exclusions"

Codes to Identify Asthma

Descriptor	ICD-9-CM Diagnosis
Asthma	493

Codes to Identify Visit Type

Description	CPT	UB Revenue
Outpatient	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99382-99386, 99392-99396, 99401-99404, 99411, 99412, 99420, 99429	051x, 0520-0523, 0526-0529, 057x-059x, 077x, 0982, 0983
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291	010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 0987
ED	99281-99285	045x, 0981

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

#5 Asthma: Appropriate Medication Use - percentage of members 5-50 years of age during the measurement period who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement period

Asthma Medications

Description	Prescriptions
Antiasthmatic combinations	- dyphylline-guaifenesin - guaifenesin-theophylline - potassium iodide-theophylline
<i>Antibody inhibitor</i>	- <i>omalizumab</i>
Inhaled steroid combinations	- budesonide-formoterol - fluticasone-salmeterol
Inhaled corticosteroids	- beclomethasone - flunisolide - mometasone - budesonide - fluticasone CFC free - triamcinolone
Leukotriene modifiers	- montelukast - zafirlukast - zileuton
Long-acting, inhaled beta-2 agonists	- aformoterol - formoterol - salmeterol
Mast cell stabilizers	- cromolyn - nedocromil
Methylxanthines	- aminophylline - oxtriphylline - dyphylline - theophylline
Short-acting, inhaled beta-2 agonists	- albuterol - levalbuterol - bitolterol - pirbuterol

Preferred Asthma Therapy Medications

Description	Prescriptions
Antiasthmatic combinations	- dyphylline-guaifenesin - guaifenesin-theophylline - potassium iodide-theophyllin
<i>Antibody inhibitor</i>	- <i>omalizumab</i>
Inhaled steroid combinations	- budesonide-formoterol - fluticasone-salmeterol
Inhaled corticosteroids	- beclomethasone - flunisolide - mometasone - budesonide - fluicasone CFC free - triamcinolone
Leukotriene modifiers	- montelukast - zafirlukast
Mast cell stabilizers	- cromolyn - nedocromil
Methylxanthines	- aminophylline - oxtriphylline - dyphylline - theophylline

Codes to Identify Exclusions

Description	ICD-9-CM Diagnosis
Emphysema	492, 506.4, 518.1, 518.2
COPD	491.2, 493.2, 496, 506.4
<i>Cystic fibrosis</i>	<i>277</i>
<i>Acute respiratory failure</i>	<i>518.81</i>

Evidence Based Care Report (EBCR) Measure Specifications

#6 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 period

Source: HEDIS 2010

Eligible population: Members 12-21 years of age as of the end of the measurement period

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

Denominator: Eligible population

Numerator: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period

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

Evidence Based Care Report (EBCR) Measure Specifications
#7 Adolescent Immunization - percentage of members who have had *one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td)* before turning 13 years old

Source: HEDIS 2010*

Eligible population: Members who turn 13 years of age during the measurement period

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 30** days during the 12 months prior to the child's second birthday is allowed

Denominator: Eligible population.

Numerator:

- ~ One dose of meningococcal vaccine **AND**
- ~ One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) **OR**
- ~ One tetanus, diphtheria toxoids vaccine (Td); **OR**
- ~ One Combination 1 (Meningococcal, Tdap/Td)
- ~ 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	ICD-9-CM Procedure
<i>Meningococcal</i>	90733, 90734	
<i>Tdap</i>	90715	99.39
<i>Td</i>	90714, 90718	
<i>Tetanus</i>	90703	99.38
<i>Diphtheria</i>	90719	99.36

*Previous adolescent immunization measurements included HEDIS specifications from 2007. HEDIS retired the adolescent immunization measure in 2008. HEDIS revised and reinstated the measure with the 2010 specifications.

**HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications

#8 Childhood Immunization Status - percentage of members 2 years of age who received *four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday*

Source: HEDIS 2010

Eligible population: Members who turn two years of age during the measurement period 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 30* days during the 12 months prior to the child's second birthday is allowed.

Denominator: Eligible population.

Numerator: Does not include any of the following that were administered prior to 42 days after birth

- ~ *At least four DTaP vaccinations, with different dates of service (do not count any vaccination administered prior to 42 days after birth) AND*
- ~ *Three IPV vaccinations, with different dates of service (do not count any IPV administered prior to 42 days after birth) AND*
- ~ *One MMR vaccination AND*
- ~ *Two HiB vaccinations, with different dates of service AND*
- ~ *Two hepatitis B vaccinations, with different dates of service AND*
- ~ *One VZV vaccination AND*
- ~ *Four pneumococcal conjugate vaccinations, with different dates of service AND*
- ~ *Two hepatitis A vaccinations, with different dates of service AND*
- ~ *Two or three rotavirus vaccinations (depending on which vaccine is administered), with different dates of service AND*
- ~ *Two influenza vaccinations, with different dates or service OR*
- ~ *Combinations 2-10 (see "Combination Vaccinations for Childhood Immunization Status")*

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
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	
VZV	90710, 90716		052, 053	

Evidence Based Care Report (EBCR) Measure Specifications

#8 Childhood Immunization Status - percentage of members 2 years of age who received *four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday*

Codes to Identify Childhood Immunizations *continued*

Pneumococcal conjugate	90669	G0009		
Hepatitis A	90633		070.0, 070.1	
Rotavirus (two doses schedule)	90681			
Rotavirus (three dose schedule)	90680			
Influenza	90655, 90657, 90661, 90662	G0008		99.52

Combination Vaccinations for Childhood Immunization Status

Combination	DTaP	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Influenza
Combination 2	X	X	X	X	X	X				
Combination 3	X	X	X	X	X	X	X			
Combination 4	X	X	X	X	X	X	X	X		
Combination 5	X	X	X	X	X	X	X		X	
Combination 6	X	X	X	X	X	X	X			X
Combination 7	X	X	X	X	X	X	X	X	X	
Combination 8	X	X	X	X	X	X	X	X		X
Combination 9	X	X	X	X	X	X	X		X	X
Combination 10	X	X	X	X	X	X	X	X	X	X

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**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 it not included in this table.*

Evidence Based Care Report (EBCR) Measure Specifications

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

Source: HEDIS 2010* (modified)

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

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, 2007, and included in the rate of 5 or more well-child visits, must have had 5 well-child visits by April 9, 2008.

Denominator: Eligible population.

Numerator: Members with claims for well-child visits with a PCP summing greater 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.

Exclusions: None.

Codes to Identify Well-Child Visits

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

* BCBSM has modified the Numerator from HEDIS 2010 by using 5 well-child visits as the threshold number for the measure (as opposed to the HEDIS stated 6 well-child visits).

Evidence Based Care Report (EBCR) Measure Specifications

#10 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 period

Source: HEDIS 2010

Eligible population: Members 3-6 years of age as of the end of the measurement period.

Continuous enrollment: Members must be continuously enrolled during the measurement period. **No more than one gap in enrollment of up to 30* days during the continuous enrollment period.**

Denominator: Eligible population.

Numerator: At least one 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	

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications

#11 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 2010

Eligible population: Members 42 years of age and older as of the last day of the report period with medical coverage

- ~ Identify members with any diagnosis of Chronic Obstructive Pulmonary Disease (COPD) during the intake period (12 month window starting the first day of the measurement period and ends on the last day of the measurement period). 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. **One gap in enrollment of up to 30* 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.**

~ 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.

~ Negative COPD diagnosis during the 730 days prior to the IESD.

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: One 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, 94375 , 94620

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications		
#12 Congestive Heart Failure: LDL-C Screening - 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 18-75 years of age as of the end of the measurement period		
Continuous enrollment: The measurement year and the year prior to the measurement period		
Denominator: Members between 18 and 75 years of age and older as of the end of the the measurement period		
~ 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		
~ 2 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
80061, 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	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
ED 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

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

Source: BCBSM

Eligible population: Members 18-75 years of age as of the end of the measurement period

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

Denominator: Members age 18-75 years as of the end of the measurement period
 ~ 1 inpatient admission with a primary or secondary diagnosis of the codes below in "Codes to Identify Heart Failure" **OR**
 ~1 emergency department visit with a primary or secondary diagnosis of any of the codes below **OR**
 ~ 2 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	
80061, 83700, 83701, 83704, 83721, 83715, 83716				Hyperkalemia	276.7	
Angiotensin Converting Enzyme Medications					Renal Artery Stenosis	440.1
Description	Prescription				Syphilitic endocarditis, pericarditis, myocarditis	093.2 - 093.22
Angiotensin Converting Enzyme Medications Inhibitors	benazepril	lisinopril	ramipril			
	captopril	moexipril	trandolapril			
	enalapril	perindopril				
	fosinopril	quinapril				
Antihypertensive combinations	amlodipine-benazepril		fosinopril-hydrochlorothiazide			

Evidence Based Care Report (EBCR) Measure Specifications				
#13 Congestive Heart Failure: Rate of ACE/ARB -percentage of members with a diagnosis of congestive heart failure who received ACE/ARB therapy during the measurement period*				
	benazepril-hydrochlorothiazide captopril-hydrochlorothiazide enalapril-hydrochlorothiazide trandopril-verapamil	hydrochlorothiazide-lisinopril hydrochlorothiazide-moexipril hydrochlorothiazide-quinapril amlodipine-olmesartan amlodipine-valsartan	Congenital aortic stenosis, congenital mitral stenosis, sub aortic stenosis, atresia and stenosis of aorta	746.3, 746.5, 746.81, 747.22
Angiotensin Receptor Blocker Medications			Codes to Identify Exclusions	
Description	Prescription		Description	ICD-9-CM Diagnosis
Angiotensin II inhibitors	candesartan eprosartan irbesartan	losartan olmesartan telmisartan valsartan	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
Antihypertensive combinations	candesartan-hydrochlorothiazide	hydrochlorothiazide-olmesartan	Pregnancy	631.xx - 639.xx, 640.xx - 648.99, 640.xx, 651.xx, 656.99, 657 - 659.99, 660.xx - 677.xx, V22.0 - V23.9, V24, V27.xx, V28
	eprosartan-hydrochlorothiazide	hydrochlorothiazide-telmisartan		
	hydrochlorothiazide-irbesartan	hydrochlorothiazide-valsartan		
	hydrochlorothiazide-losartan			
		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		
#13 Congestive Heart Failure: Rate of ACE/ARB -percentage of members with a diagnosis of congestive heart failure who received ACE/ARB therapy during the measurement period*		
Codes to Identify Visit Type		
Description	CPT Codes	Revenue Codes
Inpatient Admissions	99221 - 223, 99231 - 233, 99238 - 239, 99251 - 255, 99261 - 263, 99291	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
ED 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

*ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidence Based Care Report (EBCR) Measure Specifications

#14 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 ACE/ARB therapy for 6 months after discharge*

Source: BCBSM

Eligible population: Members 18-75 years of age as of the end of the measurement period
 ~ 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**
 ~ 2 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 period and the year prior to the measurement period 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</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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Evidence Based Care Report (EBCR) Measure Specifications					
#14 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 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	<i>trandolapril-verapamil</i>		hydrochlorothiazide-lisinopril	<i>amlodipine-olmesartan</i>
	benazepril-hydrochlorothiazide	enalapril-hydrochlorothiazide	hydrochlorothiazide-moexipril		<i>amlodipine-valsartan</i>
	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				

*ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidenced Based Care Report (EBCR) Measure Specifications**#15 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 2010**Eligible population:** Members 18 years of age and older as of the end of the measurement period
~ 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 one 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

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

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications			
#16 Coronary Artery Disease: LDL-C Screening- percentage of members between 18 and 75 years of age with coronary artery disease who had an LDL-C screening			
<i>Source: BCBSM</i>			
Eligible population: Members 18-75 years of age as of the end of measurement period			
Continuous enrollment: The measurement year and the year prior to the measurement year			
Denominator: Members between 18 and 75 years of age as of the end of the measurement period			
~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) in the year prior to the measurement year OR			
~Diagnosis: Members having Ischemic Heart Disease (IHD) with at least one of the two criteria below during the measurement year and the year prior to the measurement year:			
a) At least <i>two</i> outpatient service professional or facility with a primary ICD-9 Diagnosis of IHD OR			
b) At least one inpatient admission discharged alive with a primary or secondary ICD-9 diagnosis or DRG of IHD			
Numerator: One or more claims for an LDL-C test during measurement year			
Note: AMI and CABG cases should be from inpatient claims only; all PTCA cases, regardless of setting (e.g., inpatient, outpatient, and emergency room) should be included.			
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 - 33514, 33516 - 33519, 33521 - 33523, 33533 - 33536

Evidence Based Care Report (EBCR) Measure Specifications		
#16 Coronary Artery Disease: LDL-C Screening- percentage of members between 18 and 75 years of age with coronary artery disease who had an LDL-C screening		
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	
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**#17 Coronary Artery Disease: Lipid Lowering Drug - percentage of members between 18 and 75 years of age with coronary artery disease who received a Lipid Lowering Drug during the measurement period****Source:** BCBSM**Eligible population:** Members 18-75 years of age as of the end of the measurement period**Continuous enrollment:** The measurement period and the year prior to the measurement period**Denominator:** Members between 18 and 75 years of age as of the end of the measurement period~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 *two* 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

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

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			
cholestyramine/sucrose	cholestyramine / aspartame	atorvastatin	Advicor (combo)
fenofibrate, micronized	ezetimibe	fluvastatin	Cadeut (comb0)
fenofibrate	fenofibric acid	lovastatin	Vytorin (combo)
cholestyramine	gemfibrozil	pravastatin	pitavastatin
colestipol HCL	niacin	rosuvastatin calcuim	
clofibrate	atorvastatin / amlodipine	simvastin	

Evidence Based Care Report (EBCR) Measure Specifications (Retired for 2010 Program Year)

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

Eligible population: Members 18-75 years of age as of the end of the measurement period

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

Denominator: Members between 18 and 75 years of age as of the end of the measurement period

~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 *two* 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 (<i>Retired for 2010 Program Year</i>)			
#18 Coronary Artery Disease: Statin Use - percentage of members with a diagnosis of coronary artery disease that have at least one statin prescription that was filled during the measurement period*			
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
Statin Use Drug List			
General Class Name			
Atorvastatin / Amlodipine	<i>Atorvastatin</i>	<i>Fluvastatin</i>	Lovastatin
Lovastatin / Niacin	<i>Pravastatin</i>	Rosuvastatin Calcuim	Simvastatin
<i>pitavastatin</i>	<i>Advicor (combo)</i>	<i>Caduet (combo)</i>	<i>Vytorin (combo)</i>

* MQIC guidelines updated every two years. This measure was updated 9/18/09.

Evidence Based Care Report (EBCR) Measure Specifications

Diabetes Denominator Detail

Source: HEDIS 2010

Eligible population: Members 18-75 years of age as of the end of the measurement period

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

Denominator: Members between 18 and 75 years of age as of the end of the measurement period

~ 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 **or nonacute inpatient** visits with diabetes listed as one of the diagnoses **on different dates of service** **OR**

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

~ 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

Evidence 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	
Note: <i>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	99304-99310, 99315, 99316, 99318, 99324-99328 99334-99337	0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x	
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 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

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

Source: HEDIS 2010

Eligible population: Members between 18 and 75 years of age as of the end of the measurement period

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

Denominator: Members between 18 and 75 years of age by the end of the measurement period

- ~ 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 **or nonacute inpatient** visits with diabetes listed as one of the diagnoses **OR**
- ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **OR**
- ~ 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, 3045F , 3046F	4548 - 4, 4549 - 2, 17856 - 6

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**LOINC are the universal standard codes used by lab vendors to indicate lab procedure. BCBSM uses CPT codes to identify lab procedures for this measure.

Evidence Based Care Report (EBCR) Measure Specifications		
#20 Diabetes: LDL-C Screening Test - percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had a LDL-C screening		
<i>Source: HEDIS 2010</i>		
Eligible population: Members between 18 and 75 years of age as of the end of the measurement period		
Continuous enrollment: The measurement period and the year prior to the measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to 30* days.		
Denominator: Members between 18 and 75 years of age as of the end of the measurement period		
~ 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 or nonacute inpatient visits with diabetes listed as one of the diagnoses OR		
~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic OR		
~ 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, 39469 - 2, 49132 - 4

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**LOINCs are the universal standard codes used by lab vendors to indicate lab procedure. BCBSM uses CPT codes to identify lab procedures for this me:

Evidence Based Care Report (EBCR) Measure Specifications**#21 Diabetes: Monitor for Nephropathy - percentage of members 18 through 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test****Source:** HEDIS 2010**Eligible population:** Members between 18–75 years as of the end of the measurement period**Continuous enrollment:** The measurement period and the year prior to the measurement period 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 the end of the measurement period~ 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 **or nonacute inpatient** visits with diabetes listed as one of the diagnoses **OR**~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **OR**

~ A prescription for amylin analogs

Numerator: Nephropathy screening test or evidence of nephropathy**Exclusions:** Patients with polycystic ovaries, steroid-induced **diabetes**, or gestational diabetes**Codes to Identify Nephropathy**

Description	CPT	CPT Category II**	LOINC***
Nephropathy screening test	82042, 82043, 82044, 84156	3060F, 3061F	1753-3, 1754-1, 1755-8 , 1757 - 4, 2887-8, 2888-6, 2889-4, 2890-2, 9318-7, 11218 - 5, 12842-1, 13801-6, 14956 - 7, 14957 - 5, 14958 - 3, 14959 - 1, 13705-9, 14585-4, 18373-1, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 30000 - 4, 30001 - 2, 30003 - 8, 32209 - 9, 32294-1, 32551 - 4, 34366 - 5, 35663 - 4, 40486 - 3, 40662 - 9, 40663 - 7, 43605 - 5, 43606 - 3, 43607 - 1, 44292 - 1, 47558-2, 49023-5, 50949-7, 53121-0, 53530-2, 53531-0, 53532-8

Evidence Based Care Report (EBCR) Measure Specifications									
#21 Diabetes: Monitor for Nephropathy - 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, 50561-0, 53525 - 2
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, 90940, 90945, 90947, 90957 - 90962, 90965, 90966, 90969, 90970, 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							

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**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

**LOINCs are the universal standard codes used by lab vendors to indicate lab procedure. BCBSM uses CPT codes to identify lab procedures for this measure.

Evidence Based Care Report (EBCR) Measure Specifications			
#22 Diabetes: Lipid Lowering Drug Rate - 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: BCBSM			
Eligible population: Members 50-75 years of age as of the end of the measurement period			
Continuous enrollment: The measurement period and the year prior to the measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to 30* days			
Denominator: Members between 50 and 75 years by the end of the measurement period			
~ 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 or nonacute inpatient visits with diabetes listed as one of the diagnoses OR			
~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic OR			
~ 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 diabetes or gestational diabetes			
Lipid Lowering Drug List			
General Class Name			
cholestyramine/sucrose	cholestyramine / aspartame	atorvastatin	<i>Advicor (combo)</i>
fenofibrate, micronized	ezetimibe	fluvastatin	<i>Cadeut (comb0)</i>
fenofibrate	<i>fenofibric acid</i>	<i>lovastatin</i>	<i>Vytorin (combo)</i>
cholestyramine	<i>gemfibrozil</i>	<i>pravastatin</i>	<i>pitavastatin</i>
colestipol HCL	<i>niacin</i>	<i>rosuvastatin calcuim</i>	
clofibrate	atorvastatin / amlodipine	<i>simvastin</i>	

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidenced Based Care Report (EBCR) Measure Specifications (Retired for 2010 Program Year)**#23 Diabetes: Statin Use - 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 **50-75** years of age as of the end of the measurement period**Continuous enrollment:** The measurement period and the year prior to the measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to **30**** daysDenominator: Members between **50** and 75 years by the end of the measurement period~ 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 **or nonacute inpatient** visits with diabetes listed as one of the diagnoses OR~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **OR**

~ A prescription for amylin analogs

Numerator: One or more filled prescriptions for a statin drug**Exclusions:** Patients with polycystic ovaries, steroid induced **diabetes** or gestational diabetes**Statin Use Drug List****General Class Name**

Atorvastatin / Amlodipine	Atorvastatin	Fluvastatin	Lovastatin
Lovastatin / Niacin	Pravastatin	Rosuvastatin Calcium	Simvastatin
pitavastatin	Advicor (combo)	Caduet (combo)	Vytorin (combo)

* MQIC guidelines updated every two years. This measure was updated 9/18/09.

**HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidenced Based Care Report (EBCR) Measure Specifications

#24 Diabetes: ACE/ARB Use with Comorbid CHF - 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 the end of the measurement period

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

Denominator: Members between 18 and 75 years by the end of the measurement period
 ~ 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 **or nonacute inpatient** visits with diabetes listed as one of the diagnoses **OR**
 ~ A prescription for Amylin Analogs **OR**
 ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **AND**
 ~ Outpatient visit with diagnosis of congestive heart failure.

Numerator: One or more filled prescriptions 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			
#24 Diabetes: ACE/ARB Use with Comorbid CHF - 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
	<i>trandolapril-verapamil</i>		hydrochlorothiazide-quinapril
	enalapril-hydrochlorothiazide		<i>amlodipine-olmesartan</i>
			<i>amlodipine-valsartan</i>
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		

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidence Based Care Report (EBCR) Measure Specifications**#25 Diabetes: ACE/ARB Use with Comorbid Nephropathy - 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 the end of the measurement period**Continuous enrollment:** The measurement period and the year prior to the measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to 30* days**Denominator:** Members between 18 and 75 years of age by the end of the measurement period~ 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 **or nonacute inpatient** visits with diabetes listed as one of the diagnoses **OR**~ **A prescription for Amylin Analogs OR**~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **AND**

~ Outpatient visit with diagnosis of nephropathy

Numerator: One or more filled prescriptions for an ACE/ARB during the measurement year**Exclusions:** Patients with polycystic ovaries, steroid induced **diabetes** 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									
#25 Diabetes: ACE/ARB Use with Comorbid Nephropathy - 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			
#25 Diabetes: ACE/ARB Use with Comorbid Nephropathy - 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-hydrochlorothiazide amlodipine-olmesartan trandolapril-verapamil	fosinopril-hydrochlorothiazide hydrochlorothiazide-lisinopril hydrochlorothiazide-moexipril hydrochlorothiazide-quinapril amlodipine-valsartan	
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	

* HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**LOINCs are the universal standard codes used by lab vendors to indicate lab procedure. BCBSM uses CPT codes to identify lab procedures for this measure.

***ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidence Based Care Report (EBCR) Measure Specifications

#26 Diabetes: ACE/ARB Use with Comorbidity Hypertension - 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 the end of the measurement period

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

Denominator: Between 18 and 75 years of age by the end of the measurement period
 ~ 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 **or nonacute inpatient** visits with diabetes listed as one of the diagnoses **OR**
 ~ **A prescription for Amylin Analogs OR**
 ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **AND**
 ~ Outpatient visit with diagnosis of hypertension

Numerator: One or more filled prescriptions for an ACE/ARB during the measurement year

Exclusions: Patients with polycystic ovaries, steroid induced **diabetes** 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

Evidence Based Care Report (EBCR) Measure Specifications			
#26 Diabetes: ACE/ARB Use with Comorbidity Hypertension - 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-hydrochlorothiazide		hydrochlorothiazide-quinapril
	<i>trandolapril-verapamil</i>		<i>amlodipine-olmesartan</i>
			<i>amlodipine-valsartan</i>
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		

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

**ACE/ARB list of drugs based on HEDIS 2009 (<http://www.ncqa.org/tabid/892/Default.aspx>)

Evidence Based Care Report (EBCR) Measure Specifications

#27 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 2010

Eligible population: Members 18 years of age as of the first day of the measurement period to 50 years as of the end of the measurement period
 ~ 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 one 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, 724.7, 738.5, 739.3, 739.4, 846, 847.2			Cancer	140 - 209, 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,	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 077x, 0982, 0983	Neurologic impairment	344.60, 729.2

Evidence Based Care Report (EBCR) Measure Specifications

#27 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 <i>continued</i>	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

#28 Antidepressant Medication Management - 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** - percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment** - percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months)

Source: HEDIS 2010

Eligible population: 18 years and older as of the first four months of the measurement period

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 **AND**
- ~ **Negative diagnosis history AND**
- ~ **Negative medication history**

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

Codes to Identify Visit Type

Description	CPT	UB Revenue	HCPCS
ED	99281 - 99285	045x, 0981	
Outpatient, intensive outpatient and partial hospitalization	90804 - 90815, 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99384-99387, 99394 - 99397, 99401 - 99404, 99411, 99412, 99510	0510, 0513, 0515 - 0517, 0519 - 0523, 0526 - 0529, 077x, 0900, 0901 - 0905, 0907, 0911 - 0917, 0919, 0982, 0983	G0155, G0176, G0177, H0002, H0004, H0031, H0034 - H0037, H0039, H0040, H2000, H2001, H2010 - H2020, M0064, S0201, S9480, S9484, S9485

Evidence Based Care Report (EBCR) Measure Specifications

#29 Medication Management: Annual Monitoring for Patients on Persistent Medications -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 period and at least one therapeutic monitoring event for the therapeutic agent in the measurement period. 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 2010

Eligible population: 18 years and older as of the end of the measurement period

Continuous enrollment: The measurement period 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 period. Note: Members may switch therapy with any medication listed below during the measurement period 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 period. Member must meet one of the following criteria:

- *code for a lab panel testing during the measurement year* **OR**
- *code for a serum potassium AND a code for serum creatinine during the measurement year* **OR**
- *code for serum potassium AND a code for blood urea nitrogen during 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 <i>amlodipine-olmesartan</i> trandolapril-verapamil <i>amlodipine-valsartan</i> <i>eprosartan-hydrochlorothiazide</i> <i>hydrochlorothiazide-olmesartan</i>
Angiotensin II inhibitors	candesartan eprosartan irbesartan losartan olmesartan telmisartan valsartan

Evidence Based Care Report (EBCR) Measure Specifications

#29 Medication Management: Annual Monitoring for Patients on Persistent Medications -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 period and at least one therapeutic monitoring event for the therapeutic agent in the measurement period. 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*
Lab panel	80047, 80048, 80050, 80053, 80069	
Serum potassium (K+)	80047, 80048, 80050, 80051, 80053, 80069, 84132	2824-1, 2823 - 3, 6298 - 4, 12812 - 4, 12813 - 2, 22760 - 3, 29349 - 8, 32713 - 0, 34548 - 8, 39789 - 3, 39790 - 1, 41656 - 0, 51618 - 7
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, 26752 - 6,, 31045 - 8, 33558 - 8, 35203 - 9, 35591 - 7, 35592 - 5, 35593 - 3, 35594 - 1, 38483 - 4, 39964 - 2, 39965 - 9, 39966 - 7, 39967 - 5, 39968 - 3, 39969 - 1, 39970 - 9, 39971 - 7, 39972 - 5, 39973 - 3, 39974 - 1, 39975 - 8, 39976 - 6, 40112 - 5, 40113 - 3, 40114 - 1, 40115 - 8, 40116 - 6, 40117 - 4, 40118 - 2, 40119 - 0, 40120 - 8, 40121 - 6, 40122 - 4, 40123 - 2, 40124 - 0, 40125 - 7, 40126 - 5, 40127 - 3, 40128 - 1, 40248 - 7, 40249 - 5, 40250 - 3, 40251 - 1, 40252 - 9, 40253 - 7, 40254 - 5, 40255 - 2, 40256 - 0, 40257 - 8, 40258 - 6, 40264 - 4, 40265 - 1, 40266 - 9, 40267 - 7, 40268 - 5, 40269 - 3, 40270 - 1, 40271 - 9, 40272 - 7, 40273 - 5, 44784 - 7, 50380 - 5, 50381 - 3, 51619 - 5, 51620 - 3
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, 44734 - 2, 49071 - 4

Evidence Based Care Report (EBCR) Measure Specifications

#29 Medication Management: Annual Monitoring for Patients on Persistent Medications -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 period and at least one therapeutic monitoring event for the therapeutic agent in the measurement period. 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 2: Annual Monitoring for Members on Digoxin
Denominator Members who received at least a 180-days supply of digoxin during the measurement period.
Numerator: At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement period. Member must meet one of the following criteria:

- *code for a lab panel testing during the measurement year OR*
- *code for a serum potassium AND a code for serum creatinine during the measurement year OR*
- *code for serum potassium AND a code for blood urea nitrogen during the measurement year*

Description	Prescription
Inotropic agents	digoxin

Rate 3: Annual Monitoring for Members on Diuretics
Denominator: Members who received at least a 180-days supply of digoxin during the measurement period.
Numerator: At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement period. Member must meet one of the following criteria:

- *code for a lab panel testing during the measurement year OR*
- *code for a serum potassium AND a code for serum creatinine during the measurement year OR*
- *code for serum potassium AND a code for blood urea nitrogen during the measurement year*

Drugs to Identify Members on Diuretics

Description	Prescription
Antihypertensive combinations	aliskiren-hydrochlorothiazide enalapril-hydrochlorothiazide hydrochlorothiazide-propranolol amiloride-hydrochlorothiazide eprosartan-hydrochlorothiazide hydrochlorothiazide-quinapril atenolol-chlorthalidone fosinopril-hydrochlorothiazide hydrochlorothiazide- benazepril-hydrochlorothiazide hydrochlorothiazide-irbesartan spironolactone bendroflumethiazide-nadolol hydrochlorothiazide-lisinopril hydrochlorothiazide-telmisartan bisoprolol-hydrochlorothiazide hydrochlorothiazide-losartan hydrochlorothiazide-timolol candesartan- hydrochlorothiazide-methyldopa hydrochlorothiazide-triamterene hydrochlorothiazide hydrochlorothiazide-metoprolol hydrochlorothiazide-valsartan captopril-hydrochlorothiazide hydrochlorothiazide-moexipril polythiazide-prazosin chlorthalidone-clonidine hydrochlorothiazide-olmesartan

Evidence Based Care Report (EBCR) Measure Specifications

#29 Medication Management: Annual Monitoring for Patients on Persistent Medications -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 period and at least one therapeutic monitoring event for the therapeutic agent in the measurement period. 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)

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

Rate 4: Annual Monitoring for Members on Anticonvulsants

Denominator: Members who received at least a 180-days supply for an anticonvulsant during the measurement period. 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 period (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

Evidence Based Care Report (EBCR) Measure Specifications		
<p>#29 Medication Management: Annual Monitoring for Patients on Persistent Medications -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 period and at least one therapeutic monitoring event for the therapeutic agent in the measurement period. The following is how the rates will be reported:</p> <ul style="list-style-type: none"> • 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) 		
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, 47097 - 1

**LOINC's are the universal standard codes used by lab vendors to indicate lab procedure. BCBSM uses CPT codes to identify lab procedures for this measure.

Evidence Based Care Report (EBCR) Measure Specifications

#30 Diabetes: Relative Resource Use - a measure of the relative resource use by members with diabetes during the measurement period

Source: HEDIS 2010

Eligible population: Members 18 -75 years of age as of the end of the measurement period

Continuous enrollment: The measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to 30* days.

Denominator: Members between 18 and 75 years of age by the end of the measurement period

~ two encounters in any setting with a diagnosis of type 1 diabetes, on different dates of service (see "Codes to Identify Clinical Category") **OR**

~ a prescription for diabetic medications during the measurement year or the year prior, and these members should be included in the diabetes Type 2 clinical category

Numerator: members with evidence of asthma, cardiovascular conditions, COPD, depression, hypertension or chronic kidney disease

Asthma (see "Codes to Identify Asthma")

~ **Step 1:** Identify members with persistent asthma

- at least one ED visit with asthma as the principal diagnosis OR
- at least one acute inpatient discharge with asthma as the principal diagnosis OR
- at least four outpatient asthma visits with asthma as one of the listed diagnoses and at least two asthma medication dispensing events (see Asthma Medications) OR
- at least four asthma medication dispensing events

~ **Step 2:** Identify members with at least four asthma medication dispensing events, where leukotriene modifiers were the sole asthma medication dispensed in that year

- one diagnosis of asthma in any setting in the same year as the leukotriene modifier (measurement year or in the year prior to the measurement year)

Cardiovascular conditions

~ Identify members in one of two ways: event or diagnosis

- discharge for AMI (inpatient), CABG (inpatient) or PTCA (inpatient, outpatient or ED) in the measurement year or in the year prior to the measurement year (see Codes to Identify AMI, CABG and PTCA)
- at least one outpatient visit with an IVD diagnosis (see Codes to Identify IVD) OR
- at least one acute inpatient visit with an IVD diagnosis

COPD: Identify members with at least two claims/encounters in any setting with a diagnosis of COPD (see Codes to Identify COPD) on different dates of service during the measurement year or the year prior to the measurement year

Evidence Based Care Report (EBCR) Measure Specifications

#30 Diabetes: Relative Resource Use - a measure of the relative resource use by members with diabetes during the measurement period

Major depression: Identify members with at least one of the following during the measurement year or the year prior to the measurement year

- at least one principal diagnosis or major depression (see "Codes to Identify 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

Hypertension: Identify members with at least two outpatient encounters with a diagnosis of hypertension (see "Codes to Identify Hypertension") on different dates of service during the measurement year or the year prior to the measurement year

Chronic kidney disease: Identify members with at least two encounters in an outpatient or nonacute inpatient setting, or one encounter in an acute inpatient or ED setting with a diagnosis of chronic kidney disease (see "Codes to Identify Chronic Kidney Disease") on different dates of service during the measurement year or the year prior to the measurement year

Exclusions: Patients with polycystic ovaries, steroid-induced or gestational diabetes, active cancer, end-stage renal disease (ESRD), HIV/AIDS or an organ transplant.

Codes to Identify Clinical Category	
Description	ICD-9-CM Diagnosis
Diabetes type 1	250.x1, 250.x3

Codes to Identify Asthma	
ICD-9-CM Diagnosis	
	493

Asthma Medications			
Antiasthmatic combinations	dyphylline-guaifenesin	guaifenesin-theophylline	potassium iodid-theophylline
Antibody inhibitor	omalizumab		
Inhaled steroid combinations	budesonide-formoterol	fluticasone-salmeterol	
Inhaled corticosteroids	beclomethasone	flunisolide	mometasone
	budesconide	fluticasone CFC free	triamcinolone
Leukotriene modifiers	montelukast	zafirlukast	zileuton
Long-acting, inhaled beta-2 agonists	aformoterol	formoterol	salmeterol
Mast cell stabilizers	cromolyn	nedocromil	
Methylxanthines	aminophylline	oxtriphylline	
	dyphylline-guaifenesin	theophylline	
Short-acting, inhaled beta-2 agonists	albuterol	metaproterenol	
	levalbuterol	pirbuterol	

Evidence Based Care Report (EBCR) Measure Specifications				
#30 Diabetes: Relative Resource Use - a measure of the relative resource use by members with diabetes during the measurement period				
Codes to Identify AMI, CABG and PTCA				
Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure
AMI (inpatient only)	33510-33514, 33516-33519, 33521-33523, 33533-33536 33410, 92980, 92982, 92995	S2205-S2209		36.1, 36.2
CABG (inpatient only)				
PTCA				
Codes to Identify IVD				
Description	ICD-9-CM Diagnosis			
IVD	411, 413, 414.0, 414.2, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 440.4, 444, 445			
Codes to Identify COPD				
Description	ICD-9-CM Diagnosis			
Chronic bronchitis	491			
Emphysema	492			
COPD	496			
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			
Codes to Identify Hypertension				
Description	ICD-9-CM Diagnosis			
Hypertension	401			
Codes to Identify Chronic Kidney Disease				
Description	ICD-9-CM Diagnosis			
Chronic kidney disease	585.1-585.4, 585.9			

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.

Evidence Based Care Report (EBCR) Measure Specifications

#31 Cardiovascular Conditions: Relative Resource Use - a measure of the relative resource use by members with cardiovascular conditions during the measurement period

Source: HEDIS 2010

Eligible population: Members 18 -75 years of age as of the end of the measurement period

Continuous enrollment: The measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to 30* days.

Denominator: Members between 18 and 75 years of age by the end of the measurement period
 ~ two encounters with any diagnosis of CHF, AMI or angina on different dates of service during the measurement year or year prior to the measurement year; the two encounters must be for the same clinical category condition and at least one of the encounters must be an outpatient visit (see "Codes to Identify Clinical Category")

Numerator: members with evidence of asthma, cardiovascular conditions, COPD, depression, hypertension or chronic kidney disease
 ~ at least one outpatient visit with an IVD diagnosis (see "Codes to Identify IVD") OR
 ~ at least one acute inpatient visit with an IVD diagnosis

Diabetes (see "Codes to Identify Diabetes")

- two encounters in any setting with a diagnosis of type 1 diabetes, on different dates of service (see "Codes to Identify Diabetes") **OR**
- a prescription for diabetic medications during the measurement year or the year prior, and these members should be included in the diabetes Type 2 clinical category

Asthma (see "Codes to Identify Asthma")

~ **Step 1:** Identify members with persistent asthma

- at least one ED visit with asthma as the principal diagnosis OR
- at least one acute inpatient discharge with asthma as the principal diagnosis OR
- at least four outpatient asthma visits with asthma as one of the listed diagnoses and at least two asthma medication dispensing events (see "Asthma Medications") OR
- at least four asthma medication dispensing events

~ **Step 2:** Identify members with at least four asthma medication dispensing events, where leukotriene modifiers were the sole asthma medication dispensed in that year

- one diagnosis of asthma in any setting in the same year as the leukotriene modifier (measurement year or in the year prior to the measurement year)

Evidence Based Care Report (EBCR) Measure Specifications

#31 Cardiovascular Conditions: Relative Resource Use - a measure of the relative resource use by members with cardiovascular conditions during the measurement period

COPD: Identify members with at least two claims/encounters in any setting with a diagnosis of COPD (see "Codes to Identify Identify COPD") on different dates of service during the measurement year or the year prior to the measurement year

Major depression: Identify members with at least one of the following during the measurement year or the year prior to the measurement year

- at least one principal diagnosis or major depression (see "Codes to Identify 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

Hypertension: Identify members with at least two outpatient encounters with a diagnosis of hypertension (see "Codes to Identify Hypertension") on different dates of service during the measurement year or the year prior to the measurement year

Codes to Identify Clinical Category	
Description	ICD-9-CM Diagnosis
CHF	428
AMI	410
Angina	413

Codes to Identify IVD	
Description	ICD-9-CM Diagnosis
IVD	411, 413, 414.0, 414.2, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 440.4., 444, 445

Codes to Identify Diabetes	
Description	ICD-9-CM Diagnosis
Diabetes type 1	250.x1, 250.x3

Codes to Identify Asthma	
ICD-9-CM Diagnosis	
493	

Evidence Based Care Report (EBCR) Measure Specifications			
#31 Cardiovascular Conditions: Relative Resource Use - a measure of the relative resource use by members with cardiovascular conditions during the measurement period			
Asthma Medications			
Antiasthmatic combinations	dyphylline-guaifenesin	guaifenesin-theophylline	potassium iodid-theophylline
Antibody inhibitor	omalizumab		
Inhaled steroid combinations	budesonide-formoterol	fluticasone-salmeterol	
Inhaled corticosteroids	beclomethasone budesconide	flunisolide fluticasone CFC free	mometasone triamcinolone
Leukotriene modifiers	montelukast	zafirlukast	zileuton
Long-acting, inhaled beta-2	aformoterol	formoterol	salmeterol
Mast cell stabilizers	cromolyn	nedocromil	
Methylxanthines	aminophylline dyphylline-guaifenesin	oxtriphylline theophylline	
Short-acting, inhaled beta-2	albuterol levalbuterol	metaproterenol pirbuterol	
Codes to Identify COPD			
Description	ICD-9-CM Diagnosis		
Chronic bronchitis	491		
Emphysema	492		
COPD	496		
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		
Codes to Identify Hypertension			
Description	ICD-9-CM Diagnosis		
Hypertension	401		

*HEDIS uses 45 days, but BCBSM updates enrollment every 30 and 60 days.