



# HIGHMARK TRUE PERFORMANCE 2018

## **Physician Masthead Measure Guide**

**Release: 2018**

**Revised: 11/2018**

The Quality metrics may be reviewed and updated annually to stay in step with updates or changes that are necessary for Highmark to adhere to external plan reporting expectations.  
Please refer to your Program manual for accurate measure listing.

# 2018 Highmark True Performance Physician Masthead Measure Guide

## Table of Contents

**Masthead Measure Guide** - Provides the program quality measure list detail and web links to the measure developer technical specifications and datasets. This document is searchable by using the 'control find' function to search for a specific measure. Each measure has a Developer Reference key (CMS, HEDIS, NCQA, NQF, PQA and QRS). See the **Masthead Measure Guide Web links** to locate additional information including **free** and **for purchase** measure technical specifications and datasets. See also **Masthead Measure User Reference** for details on how to use this document and developer technical specifications and datasets.

### Masthead Measure Guide and Description of Column Headings

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- **Quality Measure Name/Description** - Measure name and short description of measure.
- **Highmark or Star Measure Number** - Measure numbers defined by Highmark or CMS Star. Primary sort is by Highmark measure QN number in ascending order. See Masthead Measure Web links in this document to get additional information on CMS.
- **Developer Reference** - Displays developer or steward that maintains the quality measure: CMS, HEDIS, NCQA, NQF, PQA and QRS. See Web Link page for links to developer web sites for detail technical specifications for measures. Measures can have more than one reference acronym.
- **Numerator** - Description of criteria that determines if the case is compliant based on the technical specifications.
- **Denominator** - Description of the population included in the measure.
- **Exclusion** - Criteria that eliminates a case from the numerator or denominator population.
- **Notes** - Special notes that apply to the measure.
- **CPT II** - American Medical Association (AMA) Current Procedural Terminology (CPT) Category II codes are used to facilitate data collection about the quality of care of rendered services and test results that support performance measures. Gray in the column denotes that CPT II codes do not apply. A check 'V' denotes that a CPT II code is required for compliance or 'X' denotes CPT II code is optional for compliance.
- **CQF Eligible** - Clinical Quality Feedback (CQF) - This function allows the provider to submit documented clinical information in the member's medical record to supplement what does not appear in Highmark claim's data. Additional CQF information is contained in the document 'Clinical Quality Feedback Supplemental Guide' available on the Provider Program Portal on NaviNet.

**Masthead Measure Guide Web links** - Provides web addresses to developer technical specifications and/or detailed diagnosis and procedure codes for measures. The web links are listed in alphabetical order by reference acronym.

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- **CMS** - Centers for Medicare and Medicaid Services: **Free Technical specifications and PQA medication tables** for quality measures.
- **HEDIS** - Healthcare Effectiveness Data and Information Set: **Purchase** full technical measure specs and diagnosis and procedure code datasets. **Some reporting logic used by NCQA HEDIS (and its licensed vendors) is leveraged by Highmark to result the Program and may not be included in the Masthead Measure Guide documentation due to the complexity of calculations or proprietary limitations.**
- **NCQA** - National Council on Quality Assurance: **Free QRS specs and datasets**, updates for HEDIS and QRS, and National Drug Code (NDC) information.
- **NQF** - National Quality Forum: **Free info on quality measure** standards, reports and endorsements.
- **PQA** - Pharmacy Quality Alliance: Measure descriptions only **see CMS for technical specifications and medication tables** on pharmacy quality measures.
- **QRS** - Quality Rating System: **Free measure specifications and datasets** for 20 True Performance measures are on the NCQA web site.

**Highmark Mastheads** - QN27 Screening for Future Falls Risk, QN28 Falls Risk Plan to Prevent Future Falls, QN51 Annual Wellness and Initial Preventive exam, QN61 Developmental Screening in the First Three Years of Life, QN77 Avoid Inappropriate Ambulatory Antibiotic Use, and QN78 Annual EKG or Cardiac Screening

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Quality Measure Name/Description	Highmark or Star Measure Number	Developer Reference	Numerator	Denominator and Continuous Enrollment Criteria	Exclusion	Notes	CPTII Required v Optional X	CQF Eligible <sup>1</sup>
<b>Appropriate Treatment for Children with URI:</b> The percentage of members age 3 months - 18 years who were given a diagnosis of upper respiratory infection (URI) who were not dispensed an antibiotic prescription.	QN01	HEDIS® 2018 (URI) NQF #69 QRS	Members with a dispensed prescription for antibiotic medication on or three days after the Index Episode Start Date in the measurement period. One eligible episode per patient is evaluated.	Attributed members age 3 months - 18 years with an outpatient, ED or observation visit with only a diagnosis of URI in the measurement period. All claims (paid, suspended, pending and denied) must be included.  Continuous Enrollment - 30 days prior to the Episode Date through 3 days after the Episode Date (34 total days).  Allowable gaps - No gaps in enrollment during the continuous enrollment period.	Exclude from denominator those with competing diagnosis on or three days after the episode date, or those with more than one diagnosis code or when ED or Observation date of service and the admission date for the inpatient stay are one calendar day apart or less, or those without Highmark pharmacy benefits or members in hospice.  Exclude from the numerator denied claims.	This measure is reported as an inverted rate [1-(numerator/denominator)]. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were <i>not</i> prescribed).  Although denied claims are not included when assessing the numerator, all claims (paid, suspended, pending and denied) must be included when identifying the eligible population.		
<b>Comprehensive Diabetes Care: Medical Attention for Nephropathy:</b> The percentage of diabetic members age 18 - 75 who had medical attention for nephropathy.	QN02.3 C14	HEDIS® 2018 (CDC) NQF #62 QRS	Members with evidence of nephropathy or received a nephropathy screening test in the measurement period.	Attributed members age 18 - 75 who met pharmacy or face-to-face encounter criteria during the measurement period and who were enrolled in the plan at the end of the measurement period.  Continuous Enrollment - during the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those with a diagnosis of gestational or steroid-induced diabetes, during the measurement period or the year prior to the measurement period , or members in hospice.	Excluded members must not have a face-to-face encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period.	X	v
<b>Comprehensive Diabetes Care: Eye Exam (retinal) performed:</b> The percentage of diabetic members age 18 - 75 who received an eye screening for diabetic retinal disease.	QN02.4 C13	HEDIS® 2018 (CDC) NQF #55 QRS	Members with a retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal or dilated eye exam in the year prior.	Attributed members age 18 - 75 who met pharmacy or face-to-face encounter criteria during the measurement period and who were enrolled in the plan at the end of the measurement period.  Continuous Enrollment - during the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those with a diagnosis of gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period , or members in hospice.	Excluded members must not have a face-to-face encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period.	X	v





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<b>Adolescent Well-Care Visits:</b> The percentage of members age 12 - 21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period.	QN05	HEDIS® 2018 (AWC)	Members with at least one comprehensive well-care visit with a PCP or an OB/GYN in the measurement period.	Attributed members age 12 - 21 as of the end of the measurement period.  Continuous Enrollment - during the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period.	Exclude from the denominator those members in hospice.	The well-care visit does not have to be with the attributed physician and services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.		v
<b>Breast Cancer Screening:</b> The percentage of female members age 50 - 74 years who had a mammogram to screen for breast cancer.	QN08 C01	HEDIS® 2018 (BCS) NQF#2372 QRS	Members with one or more mammograms in the measurement period or the 15 months prior.	Attributed female members age 52 - 74 as of the last date of the measurement period.  Continuous Enrollment - October 1 two years prior to the measurement period through December 31 of the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days for each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude Medicare members age 65 and older as of January 1 of the measurement period who are:  Enrolled in an institutional SNP (I-SNP) any time during the measurement period.  Living long-term in an institution any time during the measurement period.  Exclude from denominator those who had a bilateral mastectomy any time during member's history through December 31 of measurement period, or members in hospice.	Member age difference in description and denominator is due to required member continuous enrollment for the measurement period and the 15 months prior. This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs, because they are not appropriate methods for primary breast cancer screening.		v
<b>Colorectal Cancer Screening:</b> The percentage of members age 50 - 75 who had appropriate screening for colorectal cancer.	QN09 C02	HEDIS® 2018 (COL) NQF #34 QRS	Members with one or more screenings for colorectal cancer: FOBT during the measurement period, flexible sigmoidoscopy in the measurement period or the four years prior to the measurement period or Colonoscopy in the measurement period or the nine years prior to the measurement period or CT colonography during the measurement period or four years prior to the measurement period or FIT-DNA during the measurement period or 2 years prior to the measurement period.	Attributed members age 51 - 75 as of the last date of the measurement period.  Continuous Enrollment - The measurement period and the year prior to the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator members with a diagnosis of colorectal cancer or with evidence of a total colectomy any time in their history or members in hospice.  Enrolled in an institutional SNP (I-SNP) any time during the measurement period.  Living long-term in an institution any time during the measurement period.	Member age difference in description and denominator is due to required member continuous enrollment 1 year prior to the measurement period. Regardless of FOBT type, guaiac (gFOBT) or immunochemical (FIT), assume that the required number of samples were returned. FIT tests may require fewer than three samples. If the medical record indicates that an FIT was done, the member meets the screening criteria, regardless of how many samples were returned. FOBT tests performed in an office setting or on a sample collected via a digital rectal exam (DRE) do not meet criteria.		v





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<b>Cervical Cancer Screening:</b> The percentage of women age 21 - 64 who were screened for cervical cancer.	QN10	HEDIS® 2018 (CCS) NQF #32 QRS	Female members with screening for cervical cancer and had cervical cytology during the measurement period or the two years prior to the measurement period. If the member does not meet criteria above then identify members age 30-64 as of the last day of the measurement period with cervical cytology and human papillomavirus (HPV) tests with service dates four or less days apart during the measurement period or the four years prior to the measurement period and who were 30 years or older on the date of both tests.	Attributed women age 24 - 64 as of the last date of the measurement period.  Continuous Enrollment - Commercial: The measurement period and the 2 years prior to the measurement period. Medicaid: the measurement year.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during each year of the continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix. Look as far back as possible in the member's history for exclusions through to the last day of the measurement period. Also exclude members in hospice.	Member age difference in description and denominator is due to required member continuous enrollment for the measurement year and the 2 years prior.		v
<b>Well-Child Visits in the First 15 Months of Life: Six or more visits:</b> The percentage of members who turned 15 months old during the measurement period and who had six or more well-child visits with a PCP during their first 15 months of life.	QN12	HEDIS® 2018 (W15) NQF #1392 QRS	Members with 6 or more well-child visits on different dates of service with a PCP during their first 15 months of life.	Attributed members who turned 15 months old in the measurement period.  Continuous Enrollment - 31 days-15 months of age. Calculate 31 days of age by adding 31 days to child's date of birth. Calculate the 15-month birthday as the child's first birthday plus 90 days.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during the continuous enrollment period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those members in hospice.	The well-child visit must occur with a PCP, and preventative services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit but, services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.  To avoid double-counting, when assessing administrative data, all events must be at least 14 days apart.		v
<b>Well-Child Visits in Third, Fourth, Fifth and Sixth Years of Life:</b> The percentage of members age 3 - 6 who had one or more well-child visits with a PCP during the measurement period.	QN13	HEDIS® 2018 (W34) NQF #1516 QRS	Members with at least one well-child visit with a PCP in the measurement period.	Attributed members age 3 - 6 as of the last date of the measurement period.  Continuous Enrollment - In the Measurement period.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during continuous enrollment period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from the denominator members in hospice.	The well-child visit must occur with a PCP, but the PCP does not have to be assigned practitioner to the child. Well-child preventive services count toward the measure, regardless of the primary intent of the visit but, services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.		v
<b>Screening for Future Fall Risk –</b> The percentage of Medicare Advantage members 65 years and older who were screened for future fall risk at least once during the measurement period. <i>This measure is Profiled/Informational for 2018.</i>	QN27 HOS1	NQF #0101	Medicare Advantage Members who were screened for future fall risk at least once during measurement period.	Attributed Medicare Advantage members aged 65 years and older who had a visit with an eligible provider in the measurement period.  Continuous enrollment during the measurement period.  No more than one gap in enrollment of up to 45 days during the measurement period.	Exclude those with documentation of medical reason(s) for not screening for fall risk (i.e., patient is not ambulatory).	Refer to the masthead measure guide for further details on this measure.	v	





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<b>Plan of Care to Prevent Future Falls –</b> The percentage of Medicare Advantage members 65 years and older with a history of falls who had a plan of care for falls documented in the measurement period. <i>This measure is Profiled/Informational for 2018.</i>	QN28 HOS2	NQF #0101	Medicare Advantage members with a plan of care for falls documented during the measurement period. A plan of care must include consideration of an appropriate assistance device and balance, strength, and gait training.	Attributed Medicare Advantage members aged 65 and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year).  Continuous enrollment during the measurement period.  No more than one gap in enrollment of up to 45 days during the measurement period.	Exclude those with documentation of medical reason(s) why a plan of care is not documented. (i.e., patient is not ambulatory).	Refer to the masthead measure guide for further details on this measure.	v	
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Physical Activity:</b> The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity. <i>This measure is Profiled/Informational for 2018.</i>	QN34.3	HEDIS® 2018 (WCC portion) NQF #24 QRS	Members with counseling for physical activity during the measurement year.	Attributed members 3-17 years as of December 31 of the measurement year.  Continuous Enrollment - in the measurement period.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from the denominator members who have a diagnosis of pregnancy during the measurement period or members in hospice.	None		v
<b>Adult BMI Assessment:</b> The percentage of members age 18 - 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement period or the year prior to the measurement period.	QN35 C07	HEDIS® 2018 (ABA) QRS	Members age 20 years and older on the date of service, with a BMI documented in the measurement period or the year prior. Members younger than age 20 years on the date of service, with a BMI percentile during the measurement period or the year prior to the measurement period.	Attributed members age 18 - 74 who had an outpatient visit in the measurement period or the year prior to the measurement period.  Continuous Enrollment - The measurement period year and the year prior to the measurement period.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those who have a diagnosis of pregnancy in the measurement period or the year prior. Also exclude members in hospice.	For members age 20 years and older on the date of service include in documentation weight and BMI value and for members younger than 20 years on the date of service include in documentation height, weight and BMI percentile.		v





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<b>Comprehensive Diabetes Care: HbA1c Control (≤9%):</b> The percentage of members age 18 - 75 with diabetes (type 1 or type 2) whose most recent Hemoglobin A1c is ≤9.0%.	QN36 C15	HEDIS® 2018 (portion of CDC) NQF #59	Diabetic members whose HbA1c level is ≤ 9 indicates better performance. Because this measure is reported as an inverted rate, diabetic members whose most recent HbA1c level is >9.0%, OR the test is missing a result, OR an HbA1c test was not done in the measurement period is used to calculate the numerator.	Attributed members age 18 - 75 who met pharmacy or face-to-face encounter criteria during the measurement period and who were enrolled in the plan at the end of the measurement period.  Continuous Enrollment - during the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those with a diagnosis of gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period or members in hospice.	Excluded members must not have a face-to-face encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period. Added glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin as acceptable hbA1c tests.  The measure is reported as an inverted rate [1-(numerator/denominator)]. A higher rate indicates better performance (i.e., high rates of control indicate better care).	v	v
<b>Comprehensive Diabetes Care: HbA1c Control (&lt;8%):</b> The percentage of members age 18 - 75 with diabetes (type 1 or type 2) whose most recent Hemoglobin A1c is <8.0%. <i>This measure is Profiled/Informational for 2018.</i>	QN38 DMCP8	HEDIS® 2018 (portion of CDC) NQF #0575	Members whose most recent HbA1c level is <8 during the measurement period.	Attributed members age 18 - 75 who met pharmacy or face-to-face encounter criteria during the measurement period and who were enrolled in the plan at the end of the measurement period.  Continuous Enrollment - during the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those with a diagnosis of gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period or members in hospice.	Excluded members must not have a face-to-face encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period. Added glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin as acceptable hbA1c tests.		







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<b>Medication Adherence for Diabetes Medication:</b> The percentage of members age 18 and older with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. The six classes of diabetes medication include: biguanides, sulfonylureas, thiazolidinediones, DPP-IV inhibitors, incretin mimetic, meglitinide or SGLT2 inhibitors.	QN39 D11	CMS 2018 PQA 2017 NQF #541 QRS	Members with a proportion of days covered (PDC) at 80 percent or over across the classes of diabetes medication(s) in the measurement period.	Attributed members 18 and older with at least two fills of medication(s) across any of the drug classes in the measurement period.  Continuous Enrollment - First continuous enrollment period encountered for the member.  Allowable gaps - None	Exclude those without Highmark pharmacy benefits or members who have one or more prescriptions for insulin in the treatment period. or members with ESRD or members in hospice.	Patients are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the measurement period.  CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See web link page in this document under CMS for the link. PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to measure results when programs are updated.		
<b>Medication Adherence for Hypertension: Renin Angiotensin System Antagonists (RASA):</b> The percentage of members age 18 and older with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Blood pressure medication includes: ACE (angiotensin converting enzyme) Inhibitor, ARB (angiotensin receptor blocker), or a direct renin inhibitor.	QN40 D12	CMS 2018 PQA 2017 NQF #541 QRS	Members with a proportion of days covered (PDC) at 80 percent or over for RAS antagonist medication(s) in the measurement period.	Attributed members age 18 and older with at least two fills of either the same medication or medication(s) in the drug classes in the measurement period.  Continuous Enrollment - First continuous enrollment period encountered for the member.  Allowable gaps - None	Exclude from the denominator those without pharmacy benefits through Highmark, or members with ESRD or members in hospice.	Patients are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the measurement period.  CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See web link page in this document under CMS for the link. PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to measure results when programs are updated.		







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<b>Medication Adherence for Cholesterol (Statins):</b> The percentage of members age 18 and older with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	QN41 D13	CMS 2018 PQA 2017 NQF #541 QRS	Members with a proportion of days covered (PDC) at 80 percent or over for statin cholesterol medication(s) in the measurement period.	Attributed members age 18 and older with at least two fills of either the same medication or medication(s) in the drug classes in the measurement period.  Continuous Enrollment - First continuous enrollment period encountered for the member.  Allowable gaps - None	Exclude from the denominator those without Highmark pharmacy benefits  or  members with ESRD  or  members in hospice.	Patients are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the measurement period.  CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See web link page in this document under CMS for the link. PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to measure results when programs are updated.		
<b>Osteoporosis Management in Women Who Had a Fracture:</b> The percentage of female Medicare Advantage members age 67 - 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.	QN43 C12	HEDIS® 2018 (OMW) CMS 2018 NQF #53	Medicare Advantage members with appropriate testing or treatment for osteoporosis after a fracture in the measurement period.	Attributed Medicare Advantage female members age 67 - 85 by the end of the measurement period and who suffered a fracture identified by an outpatient, observation, ED, nonacute inpatient or acute inpatient encounter in the measurement period.  Continuous Enrollment - 12 months (1 year) before the Index Episode Start Date (IESD) through 180 days (6 months) after the IESD.  Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from the denominator those with a BMD test during the 730 days (24 months) prior to the Index episode start date or a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to the index episode start date or who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the index episode start date  or  those who are enrolled in an Institutional SNP (I-SNP) any time during the measurement period  or  those living long-term in an institution any time during the measurement period  or  those without Highmark pharmacy benefits  or  those members in hospice.	Fractures of finger, toe, face and skull are not included in this measure. If the member had more than one fracture, include only the first fracture.  ED or observation visits (OBS) that result in an inpatient stay are not included when the ED/OBS date of service and the admission date for the inpatient stay are one calendar day apart or less.  NCQA will post a comprehensive list of medications and NDC codes to <a href="http://www.ncqa.org">www.ncqa.org</a> by November 1, 2018. HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided in Nov of the year prior and may not be reflected at the start of reporting; additionally any updates received in Nov 2018 will be applied to measure results when programs are updated.		v





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<b>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis:</b> The percentage of members age 18 and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).	QN44 C17	HEDIS® 2018 (ART) CMS 2018 NQF #54	Members with at least one ambulatory prescription dispensed for a DMARD in the measurement period.	Attributed members 18 years and older as of the last day of the measurement period with two of the following with different dates of service on or between the first day of the measurement period and 32 days prior to the last day of the measurement period: an outpatient visit with any diagnosis of rheumatoid arthritis or a nonacute inpatient discharge with any diagnosis of rheumatoid arthritis. Visit type need not be the same for the two visits.  Continuous Enrollment - during the measurement year period.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those with a diagnosis of HIV, or with a diagnosis of pregnancy any time during the measurement period, or members without Highmark pharmacy benefits or members in hospice.	NCQA will post a comprehensive list of medications and NDC codes to <a href="http://www.ncqa.org">www.ncqa.org</a> by November 1, 2018. HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided in Nov of the year prior and may not be reflected at the start of reporting; additionally any updates received in Nov 2018 will be applied to measure results when programs are updated.		v
<b>All-Cause Readmissions:</b> For members age 18 and older, the number of acute inpatient stays during the measurement period that were followed by an unplanned acute readmission for any diagnosis within 30 days over the predicted probability of an acute readmission. (Displayed as a ratio)	QN45 C21	HEDIS® 2018 (PCR) CMS 2018 NQF #1768 QRS	Members with an unplanned acute inpatient stay for any diagnosis with an inpatient admission date within 30 days of a previous inpatient Index Discharge Date in the measurement period.	Attributed members age 18 and older with acute inpatient discharge stays on or between the first day of the measurement period and 31 days prior to the last day of the measurement period.  Continuous Enrollment - 365 days prior to the Index Discharge Date through 30 days after the Index Discharge date.  Allowable gap - No more than one gap in enrollment of up to 45 days during the 365 days prior to the Index Discharge Date and no gap during the 30 days following the Index Discharge date. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those Index Admissions with hospital stays where the Index Admission Date is the same as the Index Discharge Date or Index Admission inpatient stays with 'Died' discharge status or with a principal diagnosis of pregnancy, or a principal diagnosis for a condition originating in the perinatal period or if the Index Admission Date of the first planned hospital stay is within 30 days and includes a principal diagnosis of maintenance chemotherapy or principal diagnosis of rehabilitation or an organ transplant or potentially planned procedure without a principal acute diagnosis. or members in hospice.	Includes acute admissions to behavior healthcare facilities.  For acute-to-acute direct transfers, the original admission date is the Index Admission Date, but the transfer's discharge date is the Index Discharge Date.  A direct transfer is when the discharge date from one inpatient setting and the admission date to a second inpatient setting are one calendar day apart or less.		





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<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis:</b> The percentage of members age 18 - 64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	QN46	HEDIS® 2018 (AAB) NQF #58 QRS	Members with a dispensed prescription for antibiotic medication on or three days after the Index Episode Start Date in the measurement period	<p>Attributed members age 18 as of 12 months prior to the measurement period to age 64 as of the last day of the measurement period with an outpatient or ED visit during the Intake Period with any diagnosis of acute bronchitis. Do not include ED visits that result in an inpatient admission.</p> <p>Continuous Enrollment - One year prior to the Episode Date through 7 days after the Episode Date (373 total days).</p> <p>Allowable gap - Commercial: No more than one gap of 45 days is permitted during the 365 days (1 year) prior to the Episode Date. Medicaid: The member may not have more than a 1 month gap in coverage. No gaps in enrollment are allowed on the IESD through 7 days after the IESD.</p>	<p>Exclude from the denominator those index episodes with encounters with a diagnosis for a comorbid condition during the 12 months prior to or on an Episode Date or where a new or refill prescription for an antibiotic medication was filled 30 days prior to the Episode Date or was active on the Episode Date or where during the period 30 days prior to the Episode Date through 7 days after the Episode Date (inclusive) the member had a claim/encounter with any competing diagnosis</p> <p>or</p> <p>those members without Highmark pharmacy benefits,</p> <p>or</p> <p>members in hospice.</p> <p>Exclude from the numerator denied claims.</p>	<p>Episode Date - The date of service for any outpatient or ED visit during the Intake Period with a diagnosis of acute bronchitis. Index Episode Start Date (IESD) – The earliest Episode Date during the Intake Period that meets all of the eligibility criteria. Intake Period - The first day through 8 days prior to the last day of the measurement period. The measure is reported as an inverted rate [1-(numerator/eligible population)]. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).</p>		v
<b>Use of Imaging Studies for Low Back Pain:</b> The percentage of members 18-50 years old with a primary diagnosis of low back pain who did not have an imaging study (Plain X-ray, MRI, CT scan) within 28 days of diagnosis. <i>This measure is Profiled/Informational for 2018.</i>	QN49	HEDIS® 2018 (LBP) NQF#52 QRS	<p>An imaging study with a diagnosis of uncomplicated low back pain on the IESD or in the 28 days following the IESD.</p> <p>Do not include denied claims.</p>	<p>Attributed members 18 years as of January 1 of the measurement period to 50 years as of December 31 of the measurement period, who had any of the following during the Intake period: Outpatient visit with a principal diagnosis of uncomplicated low back pain, an Observation or ED visit with principal diagnosis of uncomplicated low back pain (do not include visits that result in an inpatient stay), an Osteopathic or chiropractic manipulative treatment with a principal diagnosis of uncomplicated low back pain, a Physical Therapy visit or a Telehealth visit with a principal diagnosis of uncomplicated low back pain, or an online assessment with a principal diagnosis of uncomplicated low back pain. If member has more than one encounter include only the first encounter. Test for Negative diagnosis history by excluding any members with a diagnosis of uncomplicated low back pain during the 180 days (6 months ) prior to the IESD.</p> <p>Continuous Enrollment - 180 days (6 months) prior to the IESD though 28 days after the IESD.</p> <p>Allowable gap - No gaps in enrollment during the continuous enrollment period.</p>	<p>Exclude from denominator those who had a diagnosis for which imaging is clinically appropriate:</p> <p>Cancer, HIV, Major Organ transplant any time during the member's history through 28 days after the IESD,</p> <p>or</p> <p>Recent Trauma any time during the 3 months prior to the IESD through 28 days after the IESD,</p> <p>or</p> <p>Intravenous drug abuse or spinal infection or neurologic impairment any time during the 12 months prior to the IESD through 28 days after the IESD,</p> <p>or</p> <p>Prolonged use of corticosteroids 90 consecutive days of treatment any time during the 12 months prior to and including the IESD,</p> <p>or</p> <p>Members in hospice.</p> <p>Although denied claims are not included when assessing the numerator, all claims (paid, suspended, pending and denied) must be included when identifying the eligible population.</p>	<p>IESD - Index Episode Start Date. The earliest date of service for an outpatient or ED encounter during the Intake period with a principal diagnosis of low back pain.</p> <p>Intake Period - January 1-December 3 of the measurement period. The Intake Period is used to identify the first outpatient or ED encounter with a primary diagnosis of low back pain.</p> <p>The measure is reported as an inverted rate (1-(numerator/eligible population)). A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</p>		





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<b>Annual Wellness and Initial Preventive Physical Exam Rate:</b> The percentage of Medicare Advantage members age 65 and older who had any wellness or preventive visit during the measurement period.	QN51	Highmark	Medicare Advantage members with a wellness or preventive visit in the measurement period.	Attributed Medicare Advantage members age 65 years and older in the measurement period.	None	None		
<b>Childhood Immunization Status: Combination 10:</b> The percentage of members age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (Hib); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	QN54	HEDIS® 2018 (CIS) NQF #038 QRS Combo 3	Members with vaccines single or combination doses on or before their 2nd birthday: DTaP, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV and flu. Or has history of the illness or evidence of antigen in the measurement period.	Attributed members that turn 2 years of age during the measurement period.  Continuous Enrollment - 12 months prior to the child's second birthday.  Allowable gap - Commercial: No more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday. Medicaid: The member may not have more than a 1 month gap in coverage.	Exclude from denominator those with - Anaphylactic reaction to any vaccine or its' component, Encephalopathy with a vaccine adverse-effect code, Immunodeficiency, HIV, Lymphoreticular cancer, Multiple myeloma, Leukemia, Anaphylactic reaction to neomycin, Anaphylactic reaction to streptomycin, polymyxin B or neomycin, Anaphylactic reaction to common baker's yeast, severe combined immunodeficiency, History of intussusception, or members in hospice.	QRS technical specifications are only using combination 3 version of HEDIS measure CIS. Additional information from HEDIS for vaccines may be required.  To avoid double-counting, when assessing administrative data, all events must be at least 14 days apart.		√
<b>Chlamydia Screening in Women:</b> The percentage of females age 16 - 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement period.	QN55	HEDIS® 2018 (CHL) NQF #033 QRS	Members with at least one chlamydia test in the measurement period.	Attributed female members age 16 - 24 as of the last day of the measurement period identified as sexually active by pharmacy data or by claim/encounter data for pregnancy, sexual activity or pregnancy test.  Continuous Enrollment - during the measurement period.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from the denominator those members who qualified for the denominator based on pregnancy test alone and who meet any of the following: a pregnancy test during the measurement period followed within seven days (inclusive) by a prescription for isotretinoin or a pregnancy test during the measurement period followed within seven days (inclusive) by an x-ray or members without Highmark pharmacy benefits.	Pharmacy data: Members who were dispensed prescription contraceptives during the measurement period.  NCQA will post a comprehensive list of medications and NDC codes to <a href="http://www.ncqa.org">www.ncqa.org</a> by November 1, 2018. HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided in Nov of the year prior and may not be reflected at the start of reporting; additionally any updates received in Nov 2018 will be applied to measure results when programs are updated.		√
<b>Immunizations for Adolescents: Combination 2:</b> The percentage of adolescents age 13 who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.	QN57.2	HEDIS® 2018 (IMA) NQF #1407 QRS	Members with at least one meningococcal conjugate vaccine with a date of service between the members 11th and 13th birthdays. At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service between the member's 10th and 13th birthdays and at least two HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.	Attributed members who turn 13 years of age during the measurement period.  Continuous Enrollment - 12 months prior to the member's 13th birthday.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during the 12 months prior to the 13th birthday. Medicaid: the member may not have more than a 1-month gap in coverage.	Exclude from the denominator those members with evidence of an anaphylactic reaction to the vaccine or its components or Serum any time on or before the member's 13th birthday or with a date of service prior to October 1, 2011, or members in hospice.	Members who had a contraindication for a specific vaccine are excluded from the denominator for all antigen rates and combination rate. Contraindicated adolescents may be excluded only if administrative data do not indicate that the contraindicated immunization was rendered.  To avoid double-counting, when assessing administrative data, all events must be at least 14 days apart.		√





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<b>Medication Management for People With Asthma:</b> The percentage of members age 5 - 64 years during the measurement period who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.	QN58	HEDIS® 2018 (MMA) NQF #1799 QRS	Members that remained on an asthma controller medication during their treatment period. The rate is the number of members who achieved a proportion of days covered of at least 75% for their asthma controller medications in the measurement period.	<p>Attributed members age 5 - 64 identified as having persistent asthma who met at least one of the following criteria during both the measurement period and the 12 months prior to the measurement period: at least one ED visit or one acute inpatient encounter with a principal diagnosis of asthma, or four outpatient visits or observation visits on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events, or four asthma medication dispensing events. Criteria need not be the same across both years.</p> <p>Continuous Enrollment - The measurement period and the year prior to the measurement period.</p> <p>Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member may not have more than a 1-month gap in coverage during each year of continuous enrollment year.</p>	Exclude from the denominator those members who had a diagnosis for emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes/vapors, cystic fibrosis or acute respiratory failure during the member's history through the last day of the measurement period or who had no asthma controller medications dispensed during the measurement period, those without Highmark pharmacy benefits or those members in hospice.	<p>Members identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors 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 or antibody inhibitor.</p> <p>NCQA will post a comprehensive list of medications and NDC codes to <a href="http://www.ncqa.org">www.ncqa.org</a> by November 1, 2018. HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided in Nov of the year prior and may not be reflected at the start of reporting; additionally any updates received in Nov 2018 will be applied to measure results when programs are updated.</p>		v
<b>Annual Monitoring for Patients on Persistent Medications:</b> The percentage of members age 18 and older who received at least 180 treatment days 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.	QN60	HEDIS® 2018 (MPM) NQF #2371 QRS	<p>Members with at least one Lab panel test or serum potassium and a serum creatinine therapeutic monitoring test in the measurement period.</p> <p>The numerator is the sum of members with therapeutic monitoring tests. The tests do not need to occur on the same service date, only within the measurement period.</p>	<p>Attributed members age 18 and older who received at least 180 treatment days of ambulatory medication therapy during the measurement period for select therapeutic agents ACE inhibitors or ARBs and Diuretics. The denominator is the sum of members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) and diuretics.</p> <p>Continuous Enrollment - The measurement period.</p> <p>Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: The member may not have more than a 1-month gap in coverage.</p>	Exclude from the denominator those members from each eligible population rate who had an inpatient (acute or non-acute) claim/Encounter during the measurement period or those without Highmark pharmacy benefits or members in hospice.	<p>Includes annual monitoring of Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blocker (ARB) and diuretics. Total rate is sum of the numerators divided by sum of the denominators.</p> <p>Medications dispensed in the year prior to the measurement period must be counted toward the 180 treatment days.</p> <p>NCQA will post a comprehensive list of medications and NDC codes to <a href="http://www.ncqa.org">www.ncqa.org</a> by November 1, 2018. HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided in Nov of the year prior and may not be reflected at the start of reporting; additionally any updates received in Nov 2018 will be applied to measure results when programs are updated.</p>		v





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<b>Developmental Screening in the First Three Years of Life:</b> The percentage of members screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.	QN61	Oregon Health and Science University NQF #1448	Members who were screened for risk of developmental, behavioral, and social delays using a standardized tool.	Attributed members who turn 1, 2, or 3 years of age during the measurement period.  Continuous Enrollment - enrolled continuously for 12 months prior to the child's 1st, 2nd, or 3rd birthday in the measurement year period.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: The member may not have more than a 1-month gap in coverage.	None	Standardized tools that can be used are cited by Bright Futures and the American Academy of Pediatrics on developmental screening.		v
<b>MTM Program Completion Rate for CMR:</b> The percentage of Medicare Advantage members age 18 and older enrolled in the Medication Therapy Management (MTM) program who received a Comprehensive Medication Review (CMR) during the measurement period.	QN63 D14	CMS 2018 (MTM)	Medicare Advantage members that received a Comprehensive Medication Review (CMR) at any time during their period of Medication Therapy Management (MTM) enrollment in the measurement period.	Attributed Medicare Advantage members who were at least age 18 or older as of the beginning of the measurement period and who were enrolled in the MTM program for at least 60 days during the measurement period.	None	CMR must be completed by Highmark's CMS approved Vendor.		
<b>Statin Therapy for Patients With Cardiovascular Disease:</b> The percentage of male members age 21 - 75 and female members age 40 - 75 during the measurement period, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate-intensity statin medication during the measurement period.	QN64 DMC17	HEDIS® 2018 (SPC) NCQA	Members with at least one dispensing event for a high or moderate-intensity statin medication in the measurement period.	Attributed male members age 21 - 75 and females age 40 - 75 identified by event during the year prior to the measurement period who were: -discharged from an inpatient setting with myocardial infarction OR -had a CABG, PCI or other revascularization procedure in any setting. OR by Diagnosis as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement period and the year prior to the measurement period. Criteria need not be the same across both years: - at least one outpatient visit with an IVD diagnosis OR - at least one acute inpatient encounter with an IVD diagnosis  Continuous Enrollment - The measurement year period and the year prior to the measurement year. Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: The member may not have more than a 1-month gap in coverage.	Exclude from the denominator those members with pregnancy, In vitro fertilization, ESRD, and cirrhosis in the measurement period or year prior OR Dispensed at least one prescription for clopidogrel during the measurement year or the year prior OR Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement period. OR members in hospice.	NCQA will post a comprehensive list of medications and NDC codes to <a href="http://www.ncqa.org">www.ncqa.org</a> by November 1, 2018. HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided in Nov of the year prior and may not be reflected at the start of reporting; additionally any updates received in Nov 2018 will be applied to measure results when programs are updated.		







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<b>Medication Reconciliation Post-Discharge:</b> The percentage of discharges from January 1-December 1 of the measurement year for Medicare Advantage members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).	QN66 C20	HEDIS 2018 (MRP) CMS 2018	Medicare Advantage members with a medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (31 total days).	Attributed Medicare Advantage members who were at least age 18 or older as of the beginning of the measurement period and had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. The denominator is based on discharges, not members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.  Continuous Enrollment - Date of discharge through 30 days after discharge (31 total days).  Allowable Gaps - None	Exclude from the denominator:  If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 total days), count only the last discharge. Exclude both the initial and the readmission/direct transfer discharges if the last discharge occurs after December 1 of the measurement year. or Members who are in hospice.	If a member remains in an acute setting through December 1 of the measurement year, a discharge is not included in the measure for this member, but the organization must have a method for identifying the member's status for the remainder of the measurement year, and may not assume the member remained admitted based only on the absence of a discharge before December 1. If the organization is unable to confirm the member remained in the acute or nonacute care setting through December 1, disregard the readmission or direct transfer and use the initial discharge date.	X	V
<b>Use of High Risk Medication:</b> The percentage of Medicare Advantage members 66 years of age and older who had at least two dispensing events for the same high-risk medication during the measurement period. Therapeutic categories include Estrogens and Non-Benzodiazepine-GABA-Receptor Modulators. <i>Note: Non-Benzodiazepine-GABA-Receptor Modulators with a cumulative day supply &gt;90 days for inclusion</i>	QN67 DMD16	CMS 2018 PQA 2017 with modifications	Medicare Advantage members who received at least two dispensing events for the same high-risk medication during the measurement period. Therapeutic categories include Estrogens and Non-Benzodiazepine-GABA-Receptor Modulators. <i>Note: Non-Benzodiazepine-GABA-Receptor Modulators with a cumulative day supply &gt;90 days for inclusion.</i>	Attributed Medicare Advantage members 66 years and older as of December 31 of the measurement year.  Continuous Enrollment - continuously enrolled during the measurement period.  Allowable gaps - none	Exclude from the denominator members in hospice and members without Highmark pharmacy benefits.	CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See CMS on the web link page in this document.  PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are updated and will be applied to resulting upon programming updates		
<b>Hospitalization for Potentially Preventable Complications:</b> For Medicare Advantage members 67 years of age and older, the risk-adjusted ratio of observed to expected discharges for ambulatory care sensitive conditions (ACSC) by chronic and acute conditions. <i>This measure is Profiled/Informational for 2018.</i>	QN68 DMC16	HEDIS® 2018 (HPC) NCQA	For Medicare Advantage members - Count of inpatient and observation stays with a discharge date during the measurement period with a primary diagnosis of a chronic or acute ACSC.	Attributed Medicare Advantage members 67 years and older as of December 31 of the measurement year.  Continuous Enrollment - The measurement period and the year prior to the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Members who are enrolled in an Institutional SNP (iSNP) any time during the measurement year. Or those members living long-term in an institution any time during the measurement period  In addition, chronic and acute ACSC outliers are excluded - members with three or more chronic or acute ACSC discharges during the measurement year.  Reference HEDIS® 2018 (HPC) specifications for acute and chronic ACSC and exclusions.	None		







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<b>Statin Use in Persons with Diabetes:</b> The percentage of members age 40 - 75 who were dispensed a medication for diabetes that receive a statin medication during the measurement period.	QN69 DMD15	CMS 2018 PQA 2017 (SUPD)	Members who received a prescription fill for a statin or statin combination during the measurement period.	Attributed Medicare Advantage members age 41 years – 75 who were dispensed two or more prescription fills for a hypoglycemic agent (Oral Hypoglycemic, Insulin, and Incretin Mimetics) during the measurement period.  Continuous Enrollment - continuously enrolled during the measurement period.  Allowable gaps - none	Exclude from the denominator members in hospice, and members with ESRD. Also exclude members without Highmark pharmacy benefits.	CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See CMS on the web link page in this document.  PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are updated and will be applied to resulting upon programming updates		
<b>Use of Opioids at High Dosage:</b> The rate of members 18 years and older that receive prescription opioids for ≥15 days during the measurement period at a high dosage (average morphine equivalent dose [MED] >120 mg). <i>This measure is Profiled/Informational for 2018.</i>	QN70	HEDIS® 2018 (UOD)	Number of members whose average MED was >120mg MED during the treatment period.	Attributed members age 18 years and older who met the threshold of ≥15 days total days supply of prescription opioids during the measurement period.  Continuous Enrollment - continuously enrolled during the measurement period.  Allowable gaps - none	Exclude from the denominator members in hospice OR who had only a single opioid medication dispensing event OR have been diagnosed with Cancer or Sickle Cell Disease	A lower rate indicates better performance		





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Quality Measure Name/Description	Highmark or Star Measure Number	Developer Reference	Numerator	Denominator and Continuous Enrollment Criteria	Exclusion	Notes	CPTII Required v Optional X	CQF Eligible <sup>1</sup>
<b>Use of Opioids from Multiple Providers:</b> The rate of members 18 years and older that receive prescription opioids for ≥15 days during the measurement period who received opioids from multiple providers. Three rates are reported. <i>This measure is Profiled/Informational for 2018.</i>	QN71	HEDIS® 2018 (UOP)	Three rates are reported.  <b>Multiple prescribers:</b> Members who received opioids from four or more different prescribers during the measurement period.  <b>Multiple pharmacies:</b> Members who received opioids from four or more different pharmacies during the measurement period.  <b>Multiple prescribers and multiple pharmacies:</b> Members who received opioids from four or more different prescribers AND four or more different pharmacies during the measurement period.	Attributed members age 18 years and older who met the threshold of ≥ 15 days total days supply of prescription opioids during the measurement period.  Continuous Enrollment - continuously enrolled during the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from the denominator members in hospice OR who had only a single opioid medication dispensing event	A lower rate indicates better performance.  Three rates are reported for this measure: <b>Multiple prescribers:</b> the rate of members that have received prescriptions for opioids from four or more different prescribers during the measurement year. <b>Multiple Pharmacies:</b> the rate of members that have received prescriptions for opioids from four or more different pharmacies during the measurement period. <b>Multiple prescribers and multiple pharmacies:</b> the rate of members that have received prescription opioids from four or more different prescribers AND four or more different pharmacies during the measurement period.		
<b>Lead Screening in Children:</b> The percentage of children 2 years of age who had one or more capillary or venous lead level blood tests for lead poisoning by their second birthday. <i>This measure is Profiled/Informational for 2018.</i>	QN75	HEDIS® 2018 (LSC)	At least one lead capillary or venous blood test on or before the child's second birthday.	Children who turn 2 during the measurement period.	Exclude Members in hospice.		v	



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2018 Highmark True Performance Physician Masthead Measure Guide

Provider Program Portal on NaviNet

<sup>1</sup>Clinical Quality Feedback Supplemental Guide

Gray shading in columns CPTII and CQF indicates not applicable for the measure.

Quality Measure Name/Description	Highmark or Star Measure Number	Developer Reference	Numerator	Denominator and Continuous Enrollment Criteria	Exclusion	Notes	CPTII Required v Optional X	CQF Eligible <sup>1</sup>
<b>Controlling High Blood Pressure:</b> Percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm HG) during the measurement period. <i>This measure is Profiled/Informational for 2018.</i>	QN76	HEDIS 2018 (CBP)	A representative systolic BP < 140 mm Hg and a representative diastolic BP of < 90 mm Hg.	Members who had at least two visits on different dates of service with a diagnosis of hypertension <b>during the measurement period or the year prior to the measurement period</b> (count services that occur over both years). Visit type need not be the same for the two visits. Only one of the two visits may be a telephone visit, an online assessment or a telehealth visit.	Exclude MA Members age 66 and older as of December 31 of the measurement period who meet either of the following:  Enrolled in an Institutional SNP (I-SNP) anytime during the measurement period. OR Living long-term in an institution anytime during the measurement period.  Exclude members 81 years of age and older as of December 31 of the measurement period (all product lines) with Frailty during the measurement period.  Exclude Members 66-80 years of age and older as of December 31 of the measurement period (all product lines) with Frailty and Advanced Illness during the measurement period.  Exclude Members in hospice.  Exclude all members with end stage renal disease (ESRD) or kidney transplant during the measurement period, also exclude female members with a diagnosis of pregnancy during the measurement period.  Exclude members who had a non-acute inpatient admission during the measurement period.	The numerator should include the most recent BP reading during the measurement period (as long as it occurred after the second diagnosis of hypertension). If no BP is recorded during the measurement period, assume that member is "not controlled".  Do not include BP readings: Taken during an acute inpatient stay  Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.  Reported by or taken by the member.	v	
<b>Avoid Inappropriate Ambulatory Antibiotic Use –</b> Overuse of oral antibiotics for members age 3 months and older with upper respiratory infections (URI) or ear infections during the measurement period. Includes acute sinusitis, URI, viral respiratory illness or acute otitis externa. <i>This measure is Profiled/Informational for 2018.</i>	QN77	American Academy of Family Physicians	All prescription (rx) dispensing events during the measurement period that are identified as overuse.	All prescription (rx) dispensing events with an rx for an antibiotic medication for members aged 3 months or older where the dispensing event is identified to be within 7 days of a qualifying office visit (outpatient or ED visit) that contains a diagnosis of URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis externa) during the measurement period. Note: Also, included in the denominator will be all qualifying office visits during the measurement period that contain a diagnosis of URI or ear infection (for members 3 months and older) where the member was not prescribed an antibiotic medication.	Refer to the masthead measure guide for further details on this measure.	Refer to the masthead measure guide for further details on this measure.		





2018 Highmark True Performance Physician Masthead Measure Guide

[Provider Program Portal on NaviNet](#)  
<sup>1</sup>Clinical Quality Feedback Supplemental Guide  
Gray shading in columns CPTII and CQF indicates not applicable for the measure.

Quality Measure Name/Description	Highmark or Star Measure Number	Developer Reference	Numerator	Denominator and Continuous Enrollment Criteria	Exclusion	Notes	CPTII Required v Optional X	CQF Eligible <sup>1</sup>
<b>Annual EKG or Cardiac Screening</b> – Overuse of annual EKGs or any other cardiac screening tests conducted for low risk patients age 18 and over, without symptoms during the measurement period. <i>This measure is Profiled/Informational for 2018.</i>	QN78	American Academy of Family Physicians	Annual EKGs or any other cardiac screening tests performed during the measurement period that are identified as overuse.	Annual EKGs or any other cardiac screening tests during the measurement period obtained by members age 18 over.	Refer to the masthead measure guide for further details on this measure.	Refer to the masthead measure guide for further details on this measure.		



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2018 Highmark True Performance Physician Masthead Measure Guide

Steward/Reference <sup>1</sup>	Web Links
<p><b>CMS - Centers for Medicare and Medicaid Services</b></p> <p>1. <b>Star</b> link provides a page to download technical specifications for Star measures. See download link on this page for '2018 Part C &amp; D Medicare Star ratings data' zip file for technical specifications and drug tables for all CMS measures used for Star ratings.</p> <p>2. <b>CMS measures with NCQA/HEDIS</b> as source; see links below under HEDIS and NCQA to purchase full 2018 HEDIS technical specifications and datasets or order free QRS datasets if measure is also QRS to obtain diagnosis and procedure codes.</p> <p>3. <b>CMS PQA medication related measures</b> see the zip file in document '2018 Part C and D Medicare Star Ratings Data V11_01_2017' and open folder named Technical Notes, fact sheets and Medication lists and which contains specifications and PQA medication tables for measures.</p>	<p><a href="http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html">Star - http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html</a></p>
<p><b>HEDIS and NCQA - Healthcare Effectiveness Data and Information Set and National Council on Quality Assurance - Some reporting logic used by NCQA HEDIS (and its licensed vendors) is leveraged by Highmark to result the Program and may not be included in the Masthead Measure Guide documentation due to the complexity of calculations or proprietary limitations.</b></p> <p>1. <b>Home</b> link provides up to date news at NCQA.</p> <p>2. <b>Specification Updates</b> link provides information and additional links on 2018 Technical specification updates for HEDIS, QRS, and NDC (National Drug Code) information.</p> <p>3. <b>Create NCQA login account</b> Click this link first to create an NCQA account to purchase and download full HEDIS or order free QRS datasets.</p> <p>4. <b>Purchase full HEDIS technical specifications and datasets or order Free QRS datasets</b> link provides information to purchase HEDIS technical documentation and datasets or order free QRS datasets for individual diagnosis and procedure codes. You must create a login account for NCQA first. Add items to the 'Cart' and follow instructions to purchase. After purchase of HEDIS technical specifications and datasets or order free QRS datasets, NCQA will send an email to allow electronic downloads.</p>	<p><a href="http://www.ncqa.org/HomePage.aspx">Home - http://www.ncqa.org/HomePage.aspx</a></p>
	<p><a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018">Specification Updates -http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018</a></p>
	<p><a href="https://store.ncqa.org/index.php/customer/account/login/referer/aHR0cDovL3N0b3JlLm5icWEub3JnL2luZGV4LnBocC9iYXRhbG9nL3Byb2R1Y3Qvdmlldy9pZC8yMzI3L3MvMjAxNi1xdWFSaXR5LXIhdGluZy1zeXN0ZW0tcXJzLWhtZGlzLXZhbnVILXNldC1kaXJlY3Rvcnkv/">Create NCQA login account - https://store.ncqa.org/index.php/customer/account/login/referer/aHR0cDovL3N0b3JlLm5icWEub3JnL2luZGV4LnBocC9iYXRhbG9nL3Byb2R1Y3Qvdmlldy9pZC8yMzI3L3MvMjAxNi1xdWFSaXR5LXIhdGluZy1zeXN0ZW0tcXJzLWhtZGlzLXZhbnVILXNldC1kaXJlY3Rvcnkv/</a></p>
	<p><a href="http://store.ncqa.org/index.php/performance-measurement.html">Purchase Full HEDIS and technical specifications or Free QRS datasets - http://store.ncqa.org/index.php/performance-measurement.html</a></p>
<p><b>NQF - National Quality Forum</b></p> <p>1. <b>The NQF</b> link displays the NQF measure inquiry page that defaults to 'NQF endorsed' measures.</p> <p>2. <b>Enter NQF number</b> with 4 digits in the measure search box. For example 24 is entered '0024'.</p> <p>3. <b>If an NQF number is not found</b>, change the radio button from 'NQF endorsed' to 'All' or 'No longer Endorsed' to find a measure.</p> <p>4. <b>NQF does not supply diagnosis and procedure codes for a measure. See the NCQA and HEDIS above</b> to download Free QRS specs and datasets or purchase full HEDIS tech specs and datasets.</p> <p>5. <b>Only measure descriptions and NQF reports are available at this web site.</b> NQF measure documents have developer links for technical specifications and/or diagnosis and procedure codes for measures.</p>	<p><a href="http://www.qualityforum.org/Qps/QpsTool.aspx">NQF - QPS Measures - http://www.qualityforum.org/Qps/QpsTool.aspx</a></p>
<p><b>PQA - Pharmacy Quality Alliance</b></p> <p><b>PQA measure list</b> link provides descriptions of PQA measures drug measures. PQA Drug tables are included in the CMS zip file 'Star' link above.</p>	<p><a href="http://pqaalliance.org/measures/default.asp">PQA measure list - http://pqaalliance.org/measures/default.asp</a></p>
<p><b>QRS - Quality Rating System for Plans</b></p> <p>1. <b>QRS Technical Specs</b> Link provides the document published by CMS dated September 2017 for 2018 QRS measures.</p> <p>2. <b>Updates QRS measures</b> provides links to 2018 Technical Specification Update to QRS measures.</p> <p>3. <b>Download QRS HEDIS Dataset</b> provides a link to order a free excel dataset of QRS measure diagnoses and procedures codes and a technical specification manual. In the 'Jump to' section click link '2018 Quality Rating system (QRS) HEDIS Value Set Directory' to order datasets.</p> <p>4. <b>You must create a login account for NCQA first before trying to order info. See Create NCQA login account link above</b> in the HEDIS and NCQA section. Add items to the 'Cart' and follow instructions to order. <b>After ordering Free QRS datasets</b> or paying for the full HEDIS technical specifications and datasets, NCQA will send an email to allow electronic QRS or HEDIS downloads of information.</p>	<p><a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Revised_QRS-2018-Measure-Tech-Specs_20170929_508.pdf">QRS Technical specs - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Revised_QRS-2018-Measure-Tech-Specs_20170929_508.pdf</a></p>
	<p><a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018">Updates QRS measures - http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018</a></p>
	<p><a href="http://store.ncqa.org/index.php/catalog/product/view/id/2479/s/2017-quality-rating-system-qrs-hedis-value-set-directory/">Download QRS HEDIS Dataset - http://store.ncqa.org/index.php/catalog/product/view/id/2479/s/2017-quality-rating-system-qrs-hedis-value-set-directory/</a></p>
Highmark	Mastheads QN27, QN28, QN51, and QN61 Highmark modified or created measures are attached to the masthead measure guide.

<sup>1</sup>Additional guidance on using Steward/Reference information and Web Links can be found in the 'Masthead Measure User Reference'. Please note that measure developers can change link addresses at any time which could make a link in this document disabled. In that case, use a search engine (example google, yahoo, etc.) to locate a web page with same or similar name.



**QN27: Screening for Future Fall Risk****Source: NQF #0101**

**Description:** Percentage of Medicare Advantage members aged 65 and older who were screened for future fall risk during the measurement period.

Denominator Description	Denominator Table(s)
All attributed members aged 65 years and older who had a visit with an eligible provider in the measurement period.	Table QN27.3 for visits

<b>Continuous Enrollment</b>	Continuous enrollment during the measurement year.
<b>Allowable Gap</b>	No more than one gap of up to 45 days in enrollment each year.

**Table QN27.3: Codes to Identify Visit**

CPT®	HCPSC
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99387, 99397, 99401, 99402, 99403, 99404	G0402, G0438, G0439

Denominator Exclusion Description	Exclusion Table(s)
Exclude those: - with documentation of medical reason(s) for not screening for fall risk (i.e., patient is not ambulatory)	Table QN27.4 for exclusions

**Table QN27.4: Codes to Identify Denominator Exclusion**

CPT® Category II
1100F-1P, 1101F-1P – Patient not screened for future fall risk for medical reasons



## QN27: Screening for Future Fall Risk

Numerator Description	Numerator Table(s)
Patients who were screened for future fall risk at least once during the measurement period. A fall is defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force. Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with inquiry in the past year.	Table QN27.1 for falls risk assessment

**Table QN27.1: Codes to Identify Fall Risk Assessment**

CPT® Category II	HCPCS
1100F – Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year 1101F – Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year	N/A

Numerator Exclusion Description	Exclusion Table(s)
Not specifying reason(s) for not assessing for fall risk	Table QN27.2 for codes not accepted for the numerator

**Table QN27.2: Codes to Identify Numerator Exclusion**

CPT® Category II
1100F-8P, 1101F-8P – Patient not screened for future fall risk, reason not otherwise specified





**QN28: Plan of Care to Prevent Future Falls****Source: NQF #0101**

**Description:** Identifies Medicare Advantage members 65 years and older, who had a fall risk assessment completed and identifies as having more than one fall during the measurement period or at least one fall that resulted in an injury, has documented Plan of Care.

Denominator Description	Denominator Table(s)
All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)	Table QN28.3 for visits and falls risk

<b>Continuous Enrollment</b>	Continuous enrollment during the measurement year.
<b>Allowable Gap</b>	No more than one gap of up to 45 days in enrollment each year.

**Table QN28.3: Codes to Identify Those with a Fall Risk**

CPT®	HCPCS		CPT® Category II
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99387, 99397, 99401, 99402, 99403, 99404	G0402, G0438, G0439	With	1100F: Patient screened for future falls risk; documentation of two or more falls in the past year or any fall with injury in the past year

Exclusion Description	Exclusion Table(s)
Exclude those: - with documentation of medical reason(s) why a plan of care is not documented	Table QN28.4 for exclusions

**Table QN28.4: Codes to Identify Denominator Exclusions**

CPT® Category II
0518F-1P – Falls plan of care not documented for medical reason



## QN28: Plan of Care to Prevent Future Falls

Numerator Description	Numerator Table(s)
Patients with a plan of care for falls documented during the measurement period. A plan of care must include consideration of an appropriate assistance device and balance, strength, and gait training.	Table QN28.1 for falls plan of care

**Table QN28.1: Codes to Identify Fall Plan of Care**

CPT® Category II
0518F – Falls plan of care documented

Numerator Exclusion Description	Exclusion Table(s)
Not specifying reason(s) for not documenting a plan of care for fall risk	Table QN28.2 for codes not accepted for the numerator

**Table QN28.2: Codes to Identify Numerator Exclusion**

CPT® Category II
0518F-8P – Falls plan of care not documented, reason not otherwise specified



**QN51: Annual Wellness and Initial Preventive Physical Exam Rate****Source:** Highmark**Description:** Percentage of Medicare Advantage members who had any wellness or preventative visit during the measurement period.

Denominator Description	Denominator Table(s)
All Medicare Advantage members age 65 years and older	N/A

<b>Continuous Enrollment</b>	Continuous enrollment during the measurement year.
<b>Allowable Gap</b>	One gap of up to 45 days during the enrollment year.
<b>Anchor Date</b>	Must be enrolled in the plan at the end of the year.

Denominator Exclusion Description	Exclusion Table(s)
No exclusions	N/A

Numerator Description	Numerator Table(s)
Patients who completed an annual wellness or preventive visit during the measurement period	Table QN51A for Annual Wellness Visit Or Table QN51B for IPPE Or Table QN51C for Annual Wellness or Preventive Visit

**Table QN51A Codes to Identify Annual Wellness Visit**

HCPSC
G0438, G0439

**Table 51C to Identify Annual Routine**

CPT	HCPSC
99387, 99397	

**Table QN51B Codes to Identify Initial Preventive Physical Exam (IPPE)**

HCPSC
G0402

Patients can complete the annual wellness visit **after the first 12 months** of enrollment in Medicare Part B. Patients can complete the Initial Preventive Physical Examination (IPPE) **during the first 12 months** of enrollment in Medicare Part B.



**QN61: Developmental Screening in the First Three Years of Life****Source:** Oregon Health and Science University**Description:** Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.

Denominator Description	Denominator Table(s)
Children who turn 1, 2, or 3 years of age between January 1 and December 31 of the measurement year.  Denominator 1: The children in the eligible population who turned 1 during the measurement year. Denominator 2: The children in the eligible population who turned 2 during the measurement year. Denominator 3: The children in the eligible population who turned 3 during the measurement year. Denominator 4: All children in the eligible population who turned 1, 2, or 3 during the measurement year, i.e., the sum of denominators 1, 2, and 3.	Not Applicable

<b>Continuous Enrollment</b>	Children who are enrolled continuously for 12 months prior to the child's 1st, 2nd, or 3rd birthday.
<b>Allowable Gap</b>	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid enrollee for whom enrollment is verified monthly, the enrollee may not have more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months or 60 days is not considered continuously enrolled).

Denominator Exclusion Description	Exclusion Table(s)
None	Not Applicable

Numerator Description	Numerator Table(s)
Children who were screened for risk of developmental, behavioral, and social delays using a standardized tool*.  Numerator 1: Children in Denominator 1 who had a claim with CPT code 96110 by their first birthday Numerator 2: Children in Denominator 2 who had a claim with CPT code 96110 after their first and before or on their second birthdays Numerator 3: Children in Denominator 3 who had a claim with CPT code 96110 after their second and before or on their third birthdays Numerator 4: Children in the entire eligible population who had claim with CPT code 96110 in the 12 months preceding their 1st, 2nd, or 3rd birthday (the sum of numerators 1, 2 and 3).	Table 61.1 for appropriate developmental screening



## QN61: Developmental Screening in the First Three Years of Life

**Table QN61.1: Code to Identify Appropriate Developmental Screening**

Description	CPT®
Developmental Screening, with scoring and documentation	96110

\*Tools must meet the following criteria:

1. Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional.
2. Established Reliability: Reliability scores of approximately 0.70 or above.
3. Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s).
4. Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above.

The following tools are cited by Bright Futures (and the American Academy of Pediatrics statement on developmental screening) and meet the above criteria:

- Ages and Stages Questionnaire (ASQ) - 2 months to 5 years
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to 2 years
- Brigance Screens-II – Birth to 90 months
- Child Development Inventory (CDI) - 18 months to 6 years
- Infant Development Inventory – Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) – Birth to 8 years
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

Numerator Exclusion Description	Exclusion Table(s)
None	Not Applicable



**QN77: Avoid Inappropriate Ambulatory Antibiotic Use****Source:** American Academy of Family Physicians

**Description:** Identifies overuse of oral antibiotics for members age 3 months and older with upper respiratory infections (URI) or ear infections during the measurement period. Includes acute sinusitis, URI, viral respiratory illness or acute otitis externa.

Denominator Description	
All prescription (rx) dispensing events with an rx for an antibiotic medication for members aged 3 months or older where the dispensing event is identified to be within 7 days of a qualifying office visit (outpatient or ED visit) that contains a diagnosis of URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis externa) during the measurement period. <i>Note: Also, included in the denominator will be all qualifying office visits during the measurement period that contain a diagnosis of URI or ear infection (for members 3 months and older) where the member was not prescribed an antibiotic medication.</i>	
<b>Continuous Enrollment</b>	Continuous enrollment criteria is 30 days prior to rx dispensing event.

<b>Step 1</b>	All prescription (rx) dispensing events with an rx for antibiotic medication for members age 3 months and older. An “event “ is created when the rx dispensing event is identified to be within 7 days of a qualifying office visit that contains a diagnosis of URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis externa) (Table B). This is the starting population. If the dispensing event occurs 8 days or more after any qualifying office visit within the last 14 days, the event will be deemed necessary. Necessary events will be included only in the eligible population (denominator).
<b>Step 2 (exclusion)</b>	All events with any diagnosis for comorbid conditions (Table C) within 1 year prior to or on the rx dispensing event will be excluded.
<b>Step 3 (exclusion)</b>	All events with any competing diagnosis (Table D) within 30 days prior to or on the rx dispensing event will be excluded.
<b>Step 4 (exclusion)</b>	All events with a service for tympanostomy tube placement (Table E) up to 2 years prior to or on the rx dispensing event will be excluded.
<b>Step 5 (exclusion)</b>	All events with any diagnosis of otitis media (Table F) within 14 days prior to or on the rx dispensing event will be excluded.
<b>Step 6 (Final exclusion list)</b>	The Final starting population exclusion is all the events identified in (Step 2+ Step 3+ Step 4+ Step 5).
<b>Step 7</b>	The Final Starting population is all the events in Step 1 minus the events in Step 6
<b>Step 8</b>	Added to the Final Starting Population will be all qualifying office visits during the measurement period that contain a diagnosis of URI or ear infection (for members 3 months and older) where the member was not prescribed an antibiotic medication. The reason for this is to count visits that did not result in an antibiotic prescription in the denominator.

\*Note: For tables B-F please see pages 2-3 for codes.



## QN77: Avoid Inappropriate Ambulatory Antibiotic Use

Determine “Non-Overuse”	
<b>Step 1</b>	From the starting population (step 7 + step 8 above) all events with a diagnosis of acute rhinosinusitis (Table G) on the E&M claim and a diagnosis of sinusitis complications (Table H) within 10 days prior to or on the rx dispensing event are assigned as not overuse.
<b>Step 2</b>	From the population remaining (without the populations defined in step 1), all events with any diagnosis of acute otitis externa (Table I) on the E&M claim and a diagnosis of middle ear disease (Table J) within 30 days prior to or on the rx dispensing event are assigned as not overuse.
<b>Step 3</b>	From the population remaining, all events with any diagnosis of malignant otitis externa (Table K) within 30 days prior to or on the rx dispensing event are assigned as not overuse.
<b>Step 4</b>	If the rx dispensing event occurs 8 days or more after any qualifying office visit within the last 14 days, the event is assigned as not overuse.
<b>Step 5</b>	If no dispensing event occurs after any qualifying office visit, the event is assigned as not overuse.
<b>Step 6</b>	<b>ASSIGN THE REMAINING POPULATION WITHOUT THOSE IDENTIFIED IN STEPS 1-5 AS OVERUSE. THIS IS YOUR NUMERATOR.</b>

\*Note: For tables G-K please see pages 3-4 for codes.

\*Note: The following table contains a sampling of up to 5 codes per table. To receive a complete listing, please reach out to your Clinical Transformation Consultant (CTC) or Provider Account Liaison (PAL).

TABLE NAME	CODE TYPE	CODE	CODE DESCRIPTION
Table B	ICD10 CM Diagnosis Code	J0100	Acute Maxillary Sinusitis, Unspecified
Table B	ICD10 CM Diagnosis Code	J0190	Acute Sinusitis, Unspecified
Table B	ICD10 CM Diagnosis Code	J029	Acute Pharyngitis, Unspecified
Table B	ICD10 CM Diagnosis Code	J069	Acute Upper Respiratory Infection, Unspecified
Table B	ICD10 CM Diagnosis Code	J209	Acute Bronchitis, Unspecified
Table C	ICD10 CM Diagnosis Code	C61	Malignant Neoplasm Of Prostate
Table C	ICD10 CM Diagnosis Code	J441	Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation
Table C	ICD10 CM Diagnosis Code	J449	Chronic Obstructive Pulmonary Disease, Unspecified
Table C	ICD10 CM Diagnosis Code	J90	Pleural Effusion, Not Elsewhere Classified
Table C	ICD10 CM Diagnosis Code	J9601	Acute Respiratory Failure With Hypoxia
Table D	ICD10 CM Diagnosis Code	I259	Chronic Ischemic Heart Disease, Unspecified
Table D	ICD10 CM Diagnosis Code	J189	Pneumonia, Unspecified Organism



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## QN77: Avoid Inappropriate Ambulatory Antibiotic Use

TABLE NAME	CODE TYPE	CODE	CODE DESCRIPTION
Table D	ICD10 CM Diagnosis Code	J329	Chronic Sinusitis, Unspecified
Table D	ICD10 CM Diagnosis Code	N390	Urinary Tract Infection, Site Not Specified
Table D	ICD10 CM Diagnosis Code	Z202	Contact With And (Suspected) Exposure To Infections With A P
Table E	Procedure Code	69433	Tympanostomy (Requiring Insertion Of Ventilating Tube)
Table E	Procedure Code	69436	Tympanostomy (Requiring Insertion Of Ventilating Tube)
Table F	ICD10 CM Diagnosis Code	H6501	Acute Serous Otitis Media, Right Ear
Table F	ICD10 CM Diagnosis Code	H6690	Otitis Media, Unspecified, Unspecified Ear
Table F	ICD10 CM Diagnosis Code	H6691	Otitis Media, Unspecified, Right Ear
Table F	ICD10 CM Diagnosis Code	H6692	Otitis Media, Unspecified, Left Ear
Table F	ICD10 CM Diagnosis Code	H6693	Otitis Media, Unspecified, Bilateral
Table G	ICD10 CM Diagnosis Code	J0100	Acute Maxillary Sinusitis, Unspecified
Table G	ICD10 CM Diagnosis Code	J0110	Acute Frontal Sinusitis, Unspecified
Table G	ICD10 CM Diagnosis Code	J0140	Acute Pansinusitis, Unspecified
Table G	ICD10 CM Diagnosis Code	J0180	Other Acute Sinusitis
Table G	ICD10 CM Diagnosis Code	J0190	Acute Sinusitis, Unspecified
Table H	ICD10 CM Diagnosis Code	I330	Acute And Subacute Infective Endocarditis
Table H	ICD10 CM Diagnosis Code	I6350	Cerebral Infarction Due To Unspecified Occlusion Or Stenosis
Table H	ICD10 CM Diagnosis Code	I63512	Cerebral Infarction Due To Unspecified Occlusion Or Stenosis
Table H	ICD10 CM Diagnosis Code	I638	Other Cerebral Infarction
Table H	ICD10 CM Diagnosis Code	I639	Cerebral Infarction, Unspecified
Table I	ICD10 CM Diagnosis Code	H60331	Swimmer's Ear, Right Ear
Table I	ICD10 CM Diagnosis Code	H60332	Swimmer's Ear, Left Ear
Table I	ICD10 CM Diagnosis Code	H60501	Unspecified Acute Noninfective Otitis Externa, Right Ear
Table I	ICD10 CM Diagnosis Code	H60502	Unspecified Acute Noninfective Otitis Externa, Left Ear
Table I	ICD10 CM Diagnosis Code	H60509	Unspecified Acute Noninfective Otitis Externa, Unspecified
Table J	ICD10 CM Diagnosis Code	H6980	Other Specified Disorders Of Eustachian Tube, Unspecified
Table J	ICD10 CM Diagnosis Code	H6981	Other Specified Disorders Of Eustachian Tube, Right Ear
Table J	ICD10 CM Diagnosis Code	H6982	Other Specified Disorders Of Eustachian Tube, Left Ear
Table J	ICD10 CM Diagnosis Code	H6983	Other Specified Disorders Of Eustachian Tube, Bilateral
Table J	ICD10 CM Diagnosis Code	H6993	Unspecified Eustachian Tube Disorder, Bilateral
Table K	ICD9 CM DiagnosisCode	38014	Malignant Otitis Externa
Table K	ICD10 CM Diagnosis Code	H6020	Malignant Otitis Externa, Unspecified Ear
Table K	ICD10 CM Diagnosis Code	H6021	Malignant Otitis Externa, Right Ear
Table K	ICD10 CM Diagnosis Code	H6022	Malignant Otitis Externa, Left Ear
Table K	ICD10 CM Diagnosis Code	H6023	Malignant Otitis Externa, Bilateral



**QN78: Annual EKG or Cardiac Screening****Source:** American Academy of Family Physicians**Description:** Overuse of annual EKGs or any other cardiac screening tests conducted for low risk patients age 18 and over, without symptoms during the measurement period.

Denominator Description
Annual EKGs or any other cardiac screening tests during the measurement period obtained by members age 18 over.

<b>Continuous Enrollment</b>	Continuous enrollment is 2 years prior to EKG or other cardiac screening test.
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<b>Step 1</b>	All testing related services for EKGs (Table A) or any other cardiac screening test (Table B) will be identified. An event is created when the EKG or other cardiac screening test is identified to be within 14 days of an E & M. This are the starting events.
<b>Step 2 (exclusion)</b>	All events with other inflammatory conditions such as arthritis, joint pain, myositis (Table C) during the 14 days prior to or on the date of the EKG or other cardiac test are excluded. Also, all events with preoperative cardiac screening tests (Table D) during the 60 days prior to or on the date of the EKG or other cardiac test are excluded.
<b>Step 3 (exclusion)</b>	All events with low risk surgery (Table E) within 30 days on or after the date of EKG or other cardiac screening test are excluded.
<b>Step 4 (Final exclusion list)</b>	The Final starting events exclusion is all the events identified in step 4 (Step 2+3).
<b>Step 5 (Final denominator)</b>	The Final starting events (denominator) is all the events identified in steps 1 minus step 4.

*\*Note: For Tables A-E please see page 2 for codes.*

Determine “Necessary” or “Non Overuse” Tests
From the starting events identified in step 5 above, all events including 1 of the 3 following modifications are identified and assigned as “necessary” annual EKGs or other cardiac screening tests:
1. Presence of high risk markers (Table I) for CHD within 2 years prior to or on the date of the EKG or other cardiac screening test.
2. Presence of 2 or more risk factors (Table J) suggestive of intermediate CHD risk within 2 years prior to or on the date of the EKG or other cardiac screening test.
3. Presence of 2 or more signs or symptoms (Table K) suggestive of CHD within 60 days prior to or on the date of the EKG or other cardiac screening.
<b>REMAINING EVENTS ARE ASSIGNED AS “OVERUSE.” “OVERUSE” EVENTS MAKE UP THE NUMERATOR.</b>

*\*Note: For Tables I-K please see pages 2-3 for codes.*



## QN78: Annual EKG or Cardiac Screening

\*Note: The following table contains a sampling of up to 5 codes per table. To receive a complete listing, please reach out to your Clinical Transformation Consultant (CTC) or Provider Account Liaison (PAL).

TABLE NAME	CODE TYPE	CODE	CODE DESCRIPTION
Table A	Procedure Code	93000	Electrocardiogram, Routine Ecg With At Least 12 Leads
Table A	Procedure Code	93005	Electrocardiogram, Routine Ecg With At Least 12 Leads
Table A	Procedure Code	93010	Electrocardiogram, Routine Ecg With At Least 12 Leads
Table A	Procedure Code	93224	External Electrocardiographic Recording Up To 48 Hours
Table A	Procedure Code	93227	External Electrocardiographic Recording Up To 48 Hours
Table B	Procedure Code	80061	Lipid Panel
Table B	Procedure Code	82550	Creatine Kinase (Ck), (Cpk); Total
Table B	Procedure Code	83615	Lactic Dehydrogenase (Ld), (Ldh)
Table B	Procedure Code	86140	C-Reactive Protein
Table B	ICD10 CM Diagnosis Code	Z136	Encounter For Screening For Cardiovascular Disorders
Table C	ICD10 CM Diagnosis Code	M150	Primary Generalized (Osteo)arthritis
Table C	ICD10 CM Diagnosis Code	M1990	Unspecified Osteoarthritis, Unspecified Site
Table C	ICD10 CM Diagnosis Code	M2550	Pain In Unspecified Joint
Table C	ICD10 CM Diagnosis Code	M791	Myalgia
Table C	ICD10 CM Diagnosis Code	Z13220	Encounter For Screening For Lipoid Disorders
Table D	ICD9 CM Diagnosis Code	V7281	Pre-Operative Cardiovascular Examination
Table D	ICD10 CM Diagnosis Code	Z01810	Encounter For Preprocedural Cardiovascular Examination
Table E	Procedure Code	11721	Debridement Of Nail(S) By Any Method(S); Six Or More
Table E	Procedure Code	17000	Destruction (e.g., Laser Surgery, Electrosurgery, Cryosurgery,
Table E	Procedure Code	20610	Arthrocentesis, Aspiration And/Or Injection, Major Joint
Table E	Procedure Code	43239	Esophagogastroduodenoscopy, Flexible, Transoral; With Biopsy
Table E	Procedure Code	52000	Cystourethroscopy; Separate Procedure
Table I	ICD10 CM Diagnosis Code	E1165	Type 2 Diabetes Mellitus With Hyperglycemia
Table I	ICD10 CM Diagnosis Code	E119	Type 2 Diabetes Mellitus Without Complications
Table I	ICD10 CM Diagnosis Code	I10	Essential (Primary) Hypertension
Table I	ICD10 CM Diagnosis Code	I2510	Atherosclerotic Heart Disease Of Native Coronary Artery With



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## QN78: Annual EKG or Cardiac Screening

TABLE NAME	CODE TYPE	CODE	CODE DESCRIPTION
Table I	ICD10 CM Diagnosis Code	N183	Chronic Kidney Disease, Stage 3 (Moderate)
Table J	ICD10 CM Diagnosis Code	E782	Mixed Hyperlipidemia
Table J	ICD10 CM Diagnosis Code	E784	Other Hyperlipidemia
Table J	ICD10 CM Diagnosis Code	E785	Hyperlipidemia, Unspecified
Table J	ICD10 CM Diagnosis Code	R7301	Impaired Fasting Glucose
Table J	ICD10 CM Diagnosis Code	R9431	Abnormal Electrocardiogram Ecg Ekg
Table K	ICD10 CM Diagnosis Code	R002	Palpitations
Table K	ICD10 CM Diagnosis Code	R0602	Shortness Of Breath
Table K	ICD10 CM Diagnosis Code	R0789	Other Chest Pain
Table K	ICD10 CM Diagnosis Code	R079	Chest Pain, Unspecified
Table K	ICD10 CM Diagnosis Code	R5383	Other Fatigue



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