

2024 Medicare Advantage HEDIS® Quick Tips Management of Chronic Conditions



Management of Chronic Conditions

Codes	Definition
CBP Controlling High Blood Pressure	<p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.</p> <p>Blood pressure readings taken by the member on a digital device on the day of the Telehealth visit are acceptable.</p> <p>If initial BP reading is 140/90 or higher, repeat BP.</p> <p>If multiple BP measurements occur on the same date use the lowest systolic and lowest diastolic BP reading.</p> <p>CPT-II Codes Record BOTH systolic and diastolic readings:</p> <p>3074F Most recent systolic blood pressure <130 mm Hg 3078F Most recent diastolic blood pressure <80 mm Hg 3075F Most recent systolic blood pressure 130-139 mm Hg 3079F Most recent diastolic blood pressure 80-89 mm Hg 3077F Most recent systolic blood pressure >140 mm Hg 3080F Most recent diastolic blood pressure >90 mm Hg</p>
EED Eye Exam for Patients with Diabetes	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.</p> <p>Includes:</p> <ul style="list-style-type: none"> • A bilateral eye enucleation any time through December 31 of the measurement year, OR • A retinal or dilated eye exam by any provider during the measurement year, OR • A negative retinal or dilated eye exam (negative for retinopathy in the year prior to the measurement year) <p>Blindness is not an exclusion for a diabetic eye exam</p> <p>An eye exam result documented as “unknown” does not meet criteria</p>
SPC Statin Therapy for Patients w/ Cardiovascular Disease	<p>The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</p> <p>Suggested Workflow: Providers to prescribe and fill 90-day prescriptions to reduce gaps in treatment.</p> <p>Common Codes for Exclusion (code yearly): Myopathy: G72.0, G72.9; Myositis: M60.80, M60.9; Rhabdomyolysis: M62.82; Cirrhosis: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81; ESRD: N18.5, N18.6, Z99.</p>


This quick reference is intended to be a tool to aid in improving your 2024 HEDIS® measures for the Blue Cross® Blue Shield® Medicare Advantage (MA) Line of Business. Many gaps can be closed through telehealth visits if properly documented and coded.

**For detailed
information about
this measure**

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2024 Medicare Advantage HEDIS® Quick Tips

Management of Chronic Conditions (Continued)

	Codes	Definition
 Management of Chronic Conditions	GSD Glycemic Status Assessment for Patients	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was shown in control (<9%).</p> <p>CPT and CPT-II Codes for A1c Control: 83036 Hemoglobin; glycosylated (A1C) test 3044F Most recent HbA1c < 7.0% 3046F Most recent HbA1c > 9.0% 3051F Most recent HbA1c ≥ 7.0% and < 8.0% 3052F Most recent HbA1c ≥ 8.0% < or = 9.0%</p> <p>Best Practice: Other lines of business show a compliant rate of <8%, best practice is to aim for <8% with all patients regardless of LOB.</p>
	KED Kidney Health Evaluation for Patients with Diabetes	<p>The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</p> <p>Blood Test: Estimated glomerular filtration rate (eGFR) Urine Test: Urine albumin-creatinine ratio (uACR) OR Combo Test: Complete BOTH quantitative urine albumin test AND a urine creatinine test with service dates four days or less apart</p>

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For more information and full HEDIS® specs please visit the National Committee for Quality Assurance at [ncqa.org/wp-content/uploads/HEDIS-MY-2024-Measure-Description.pdf](https://www.ncqa.org/wp-content/uploads/HEDIS-MY-2024-Measure-Description.pdf)

HEDIS® measurement methodologies are explained in HEDIS® Technical Specifications, which are copyrighted and may be purchased from NCQA. The technical specifications are highly specific to ensure that all health plans are measuring the same thing in exactly the same way. Health plans are audited annually to ensure we are following the technical specifications and all measurement requirements.

2024 Medicare Advantage HEDIS® Quick Tips Preventative Screenings



	Codes	Definition
 <p>Preventative Screenings</p>	BCS-E Breast Cancer Screening	Women 50–74 years of age who had a mammogram to screen for breast cancer every 2 years. CPT 77061, 77062, 77063, 77065, 77066, 77067 CPT-II code 3014F Screening mammography results documented and reviewed EXCLUSION: Z90.13 History of bilateral mastectomy
	COL-E Colorectal Cancer Screening	Individuals 50–75 years of age screened for colorectal cancer. Frequency: Varies based on screening type: <ul style="list-style-type: none"> • FOBT/FIT Kit: Every year • Sigmoidoscopy: Every 5 years • Colonoscopy: Every 10 years • FIT DNA/Cologuard®: Every 3 years • CT Colonography: Every 5 years CPT-II code to help in collecting data from prior year screening results when applicable: 3017F Colorectal cancer screening results documented and reviewed <i>COL transitions to Electronic Clinical Data Systems (ECDS) reporting for COL-E.</i> <i>For more information on ECDS reporting, visit the NCQA's webpage: NCQA.ORG</i>

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Follow-Up Care



	Codes	Definition
 <p>Follow-Up Care</p>	OMW Osteoporosis Management in Women Who Had a Fracture	<p>The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 6 months after the fracture.</p> <p>Measurement Period: A 12-month (1 year) window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.</p> <p>Ensure coding accurately distinguishes old fractures vs. new fractures. Coding as a new fracture causes the patient to have a gap in care for osteoporosis screening or treatment.</p>
	FMC Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions	<p>The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.</p> <p>Chronic Conditions Include: COPD, asthma, Alzheimer's and related conditions, chronic kidney disease, depression, heart failure, acute myocardial infarction, atrial fibrillation, stroke, or TIA.</p> <p>Follow-Up Services Include: outpatient visit or observation, telephone, e-visit, virtual check-in or telehealth visit, transitional care management services (TCM), case management/complex care management services, intensive outpatient visit (IOP), partial hospitalization, community mental health center visit, substance use disorder service, or electroconvulsive therapy.</p> <p>Telephonic engagement or engagement with the member or caregiver through a patient portal meets criteria for this measure. Code these services on a claim or utilize medical record documentation.</p>
	PCR Plan All-Cause Readmissions	<p>For members 18 years and older, the number of acute inpatient and observation stays with a discharge on or between January 1 and December 1 of the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.</p> <p>Two Proven Strategies to Reduce Readmissions:</p> <ol style="list-style-type: none"> 1. Follow-up phone call after discharge 2. Follow-up appointment within 7 days of discharge
	TRC Transitions of Care	<p>The percentage of discharges for members 18 years of age and older who had each of the following. Notification of Inpatient Admission, Receipt of Discharge Information, Patient Engagement after Inpatient Discharge, and Medication Reconciliation Post-Discharge.</p> <p>A patient can be included in this measure multiple times in the same year if he/she was discharged from a hospital multiple times in the same year.</p>

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