



One in a series of tip sheets that look at key 2019 Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

CPT® II and ICD-10 Codes for Star Measures

This tip sheet includes commonly used CPT® II and ICD-10 codes for the listed Healthcare Effectiveness Data and Information Set star measures. Submitting CPT® II and ICD-10 codes can close quality gaps in care and substantially reduce medical records requests to confirm care you have already completed or to exclude patients who are exempt from certain measures.

For more about each measure, refer to the individual measure tip sheet, which includes measure definitions, additional exclusions, gap closure tips and more.

CPT® Category II codes that can close select HEDIS® measures

Comprehensive diabetes care (CDC)

- **HbA1c results:** The last HbA1c $\leq 9\%$ is considered compliant for star reporting. When conducting an HbA1c in your office, submit the results on the HbA1c claim with the appropriate CPT® II code:

CPT® II code	Most recent HbA1c level
*3044F	< 7%
*3045F	7.0 – 9.0%
*3046F	> 9%

- **Retinal eye exam results:** When results are received from an eye care professional, submit the results on a \$0.01 claim with one of the following CPT® II codes, as appropriate:

CPT® II code	Retinal eye exam findings
*2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
*3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

- **Kidney disease monitoring:** Submit a claim for a urine protein screening test or report evidence of medical attention for nephropathy during the current year. Patient claims should include:

CPT® II code	Situation
*4010F	Use when you prescribe an ACE/ARB
*3066F	Use to indicate kidney transplant or nephrology visit, patient receiving dialysis or patient being treated for ESRD, CRF, ARF or renal insufficiency

Controlling high blood pressure (CBP)

You may use the ICD-10 code R03.0 when the patient has an elevated blood-pressure reading but has no diagnosis of hypertension (such as with “white coat syndrome” or transient hypertension). Submit blood pressure CPT® II codes for each office visit claim. The last blood pressure of the year is used to determine compliance. HEDIS considers blood pressures lower than 140/90 as compliant.

CPT® II code	Most recent systolic blood pressure
*3074F	<130 mm Hg
*3075F	130 -139 mm Hg
*3077F	≥ 140 mm Hg
CPT® II code	Most recent diastolic blood pressure
*3078F	<80 mm Hg
*3079F	80 - 89 mm Hg
*3080F	≥ 90 mm Hg

Medication reconciliation post-discharge (MRP)

Medication reconciliation post-discharge must be done within 30 days of inpatient discharge. The following CPT® II codes can be billed on a claim to close the treatment opportunity. They cannot be billed in combination, and only one is needed to close the medication reconciliation treatment opportunity.

CPT® II code	Description
*1111F	Reporting code that notes discharge medications are reconciled with the most recent medication list in the outpatient medical record
*99483	Care planning services to individuals with cognitive impairment, including Alzheimer’s disease, and requires an array of assessments and evaluations, including medication reconciliation and review for high-risk medications, if applicable
*99495	Transitional care management that requires communication with the patient or caregiver within two business days of discharge (which can be done by phone, email or in person) and decision-making of at least moderate complexity and a face-to-face visit within 14 days of discharge
*99496	Transitional care management that requires communication with the patient or caregiver within two business days of discharge (which can be done by phone, email or in person), decision-making of at least high complexity and a face-to-face visit within seven days of discharge)

ICD-10 codes that close the Adult BMI assessment (ABA) HEDIS® measure

Adult BMI – ages 20 and older			
ICD-10 code	Description	ICD-10 code	Description
Z68.1	BMI 19.9 or less	Z68.32	BMI 32.0-32.9
Z68.20	BMI 20.0-20.9	Z68.33	BMI 33.0-33.9
Z68.21	BMI 21.0-21.9	Z68.34	BMI 34.0-34.9
Z68.22	BMI 22.0-22.9	Z68.35	BMI 35.0-35.9
Z68.23	BMI 23.0-23.9	Z68.36	BMI 36.0-36.9
Z68.24	BMI 24.0-24.9	Z68.37	BMI 37.0-37.9
Z68.25	BMI 25.0-25.9	Z68.38	BMI 38.0-38.9
Z68.26	BMI 26.0-26.9	Z68.39	BMI 39.0-39.9
Z68.27	BMI 27.0-27.9	Z68.41	BMI 40.0-44.9
Z68.28	BMI 28.0-28.9	Z68.42	BMI 45.0-49.9
Z68.29	BMI 29.0-29.9	Z68.43	BMI 50.0-59.9
Z68.30	BMI 30.0-30.9	Z68.44	BMI 60.0-69.9
Z68.31	BMI 31.0-31.9	Z68.45	BMI 70 or greater

ICD-10 codes that result in HEDIS® measure exclusion

The services identified in some measures may not be relevant to certain patients, based on their medical situation. By submitting appropriate ICD-10 codes, patients are excluded from select measures.

Exclusions help patients by ensuring they are not burdened with unnecessary tests or treatments that may not benefit them. Exclusions help providers improve care by allowing them to focus efforts for cancer screenings and disease-specific treatment and management on patients most likely to benefit from that care. Coding exclusions also increase measure performance by reducing the number of patients being measured to only reflect those who require the service.

Breast cancer screening (BCS)

Patients are excluded from the measure if they have a history of bilateral mastectomy. Include the following ICD-10 diagnosis codes on the claim, as appropriate:

ICD-10 code	Description
Z90.11	Acquired absence of right breast and nipple
Z90.12	Acquired absence of left breast and nipple
Z90.13	Acquired absence of bilateral breasts and nipples

Colorectal cancer screening (COL)

Patients are excluded from the measure if they have a history of colorectal cancer. If the member has a history of colorectal cancer, please include the following ICD-10 diagnosis codes to the claim, as appropriate.

ICD-10 code	Description
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction and anus

continued

Statin therapy for patients with cardiovascular disease (SPC)

When patients can't tolerate statin medications, they're excluded from the measure. Document their conditions in their medical records and submit claims using the appropriate ICD-10 codes:

Condition	ICD-10 code
Myalgia	M79.1-M79.18
Myositis	M60.80-M60.819; M60.821-M60.829; M60.831- M60.839; M60.841-M60.849; M60.851- M60.859; M60.861-M60.869; M60.871-M60.9
Myopathy	G72.0, G72.2, G72.9
Rhabdomyolysis	M62.82

New advanced illness and frailty criteria

In 2018, the National Committee for Quality Assurance allowed additional exclusions to HEDIS® star measures for patients with advanced illness and frailty.

Advanced illness codes include conditions (e.g., metastatic cancer, heart failure, late-stage kidney disease) and medications (e.g., dementia medication). These must be billed within the measurement year or the year prior to exclude the patient from the measure.

Frailty codes include equipment that typically is submitted on claims (e.g., hospital beds, wheelchairs, oxygen devices). However, there are frailty codes that are not always routinely included on claims (e.g., weakness, fatigue, falls). These must be billed within the current measurement year to exclude a patient from a measure.

Patients ages 66 to 80 must have advanced illness and frailty to be excluded from the measure. Patients ages 81 and older qualify for exclusion on the basis of frailty alone. This table lists the star measures impacted by advanced illness and frailty exclusions with the ages covered by each measure.

Measure	Ages 66 and older with advanced illness <u>and</u> frailty	Ages 81 and older with frailty <u>only</u>
Breast cancer screening (BCS): Ages 50 to 74	X	
Colorectal cancer screening (COL): Ages 50 to 75	X	
Controlling high blood pressure (CBP): Ages 18 to 85	X	X
Osteoporosis management in women who had a fracture (OMW): Ages 67 to 85	X	X
Comprehensive diabetes care (CDC): Ages 18 to 75	X	
Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis (ART): Ages 18 and older	X	X
Statin therapy for patients with cardiovascular disease (SPC): • Men ages 21 to 75 • Women ages 40 to 75	X	

continued

Sample frailty codes for ages 81 and older (not all inclusive)

Here are some sample frailty codes that may not be included routinely on a claim that exclude patients age 81 and older from the rheumatoid arthritis and osteoporosis measures:

ICD-10 code	Description
R26.2	Difficulty in walking, not otherwise classified
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait or mobility
R41.81	Age-related cognitive decline
R53.1	Weakness
R53.81	Other malaise
R53.83	Other fatigue
R54	Age-related physical debility
Z73.6	Limitations of activities due to disability
Z74.09	Other reduced mobility
Z91.81	History of falling
Z99.3	Dependence on a wheelchair
W01.0XXA – W01.198S	Falls
W06.XXXA – W10.9XXS	
W18.00XA – W19.XXXS	

For more about the new advanced illness and frailty exclusions, refer to the *Advanced illness and frailty guide*.

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