Anthem

Reporting HEDIS Star Measures via Claims

CPT, CPT II and Diagnosis Codes

Quick Reference for Gaps in Care (not all-inclusive)

Controlling Blood Pressure (CBP)

Value Set Name	Code	Description
Diastolic < 80	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
Diastolic 80-89	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
Diastolic ≥ to 90	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
Systolic < 130	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)
Systolic 130 -139	3075F	Most recent systolic blood pressure 130-139 mm Hg (DM),(HTN, CKD, CAD)
Systolic ≥ to 140	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)

Report both diastolic and systolic BP reading

Transitions of Care

Medication Reconciliation Post-Discharge (TRC)

Value Set Name	Code	Description
Medication Reconciliation Intervention	1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)
Medication Reconciliation Encounter	99495	TCM (transitional care management) services, moderate complexity
	99496	TCM (transitional care management) services, high complexity
	99483	Assessment of and care planning for person with cognitive impairment (must include a reconciliation and review of high-risk medications)

Care for Older Adults (COA)

Advanced Care Planning:

Value Set Name	Code	Description
Advance Care Planning	1123F	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)
	1124F	Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM) (GER, Pall Cr)
	1157F	Advance care plan or similar legal document present in the medical record (COA)
	1158F	Advance care planning discussion documented in the medical record (COA)
	99483	Assessment of and care planning for person with cognitive impairment (must include a reconciliation and review of high-risk medications)
	99497	Advanced care planning including the explanation and discussion of advance directives
	Z66	Do not resuscitate

Medication Review:

Value Set Name	Code	Description
Medication Review*	1160F*	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)
	99483	Assessment of and care planning for person with cognitive impairment (must include a reconciliation and review of high-risk medications).
	99605	Med management by pharmacist (new patient)
	99606	Med management by pharmacist (established patient)
	90863	Pharmacologic management performed with psychotherapy services.
Medication List*	1159F*	Medication list documented in medical record (COA)
Medication Review and List	99495	TCM (transitional care management) services, moderate complexity
	99496	TCM services, high complexity

*must report one code from med review and one from med list

Pain Assessment:

Value Set Name	Code	Description
Pain Assessment	1125F	Pain severity quantified; pain present (COA) (ONC)
	1126F	Pain severity quantified; no pain present (COA) (ONC)

Functional Status Assessment:

Value Set Name	Code	Description
Functional Status Assessment	1170F	Functional status assessed (COA) (RA)
	99483	Assessment of and care planning for person with cognitive impairment (must include an ADL assessment).
	G0438	Annual Wellness Visit, initial visit
	G0439	Annual Wellness Visit, subsequent visit

Comprehensive Diabetes Care (CDC)

HbA1c Level:

Value Set Name	Code	Description
HbA1c Test Result or Finding	3044F	Most recent hemoglobin A1c (HbA1c) level < 7.0% (DM)
	3051F	Most recent hemoglobin A1c (HbA1c) level $\geq$7.0% and less than 8.0%
	3052F	Most recent hemoglobin A1c (HbA1c) level $\geq$8.0% and $\leq$ 9.0%
	3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)

A1c Note*:* CPT Cat II Codes will close the gap under the following scenarios (our claims system must be able to match the category II code's date of service with the A1c lab test's date of service):

- **POCT A1cs:** Submit the category II code on the same claim as the charge for the in-office A1c lab procedure. (both lab and category II code will have same date of service)
- **A1cs done by Independent Lab**: the Category II code must be submitted with a date of service that is within 7 days of the A1c's date of service submitted by the lab (may not be feasible).

Diabetic Retinal Eye Exam:

Value Set Name	Code	Description
Diabetic Retinal Screening With Eye Care Professional	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM); **with evidence of retinopathy**
	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed**; without evidence of retinopathy**
	2024F	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM); **with evidence of retinopathy**
	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy**
	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed (DM); **with evidence of retinopathy**
	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **without evidence of retinopathy**
Diabetic Retinal Screening Negative	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)

Attention to Nephropathy:

Value Set Name	Code	Description
Nephropathy Treatment	3066F	Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)
	4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)
Urine Protein Tests	3060F	Positive microalbuminuria test result documented and reviewed (DM)
	3061F	Negative microalbuminuria test result documented and reviewed (DM)
	3062F	Positive macroalbuminuria test result documented and reviewed (DM)

Every year, Medicare evaluates plans based on a 5-star rating system