MY2025/SY2027 Providers Guide for the Medicare Star Ratings Program

Your Guide for HEDIS, Patient Safety, CAHPS and HOS

H0982_STARSGUIDE25_C

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Quality Indicator Reference Guide Overview

The Centers for Medicare & Medicaid Services (CMS) developed the Star Ratings Program to enhance the quality of care provided to Medicare beneficiaries enrolled in Medicare Advantage (MA) plans, as an alternative to Original Medicare. The program supports CMS' broader quality strategy goals: improving health outcomes, enhancing member experience and access to care, and promoting efficiency and cost savings.

CMS releases Star Ratings annually (October) to help beneficiaries compare MA plans and select the one that best meets their healthcare needs. These ratings allow for objective, standardized performance comparisons and hold health plans accountable for the quality of care delivered by physicians, hospitals, and other healthcare providers.

This guide focuses on quality and performance measures used by CMS, the National Committee for Quality Assurance (NCQA), and the Pharmacy Quality Alliance (PQA™) to assess care delivered to Medicare Advantage patients.

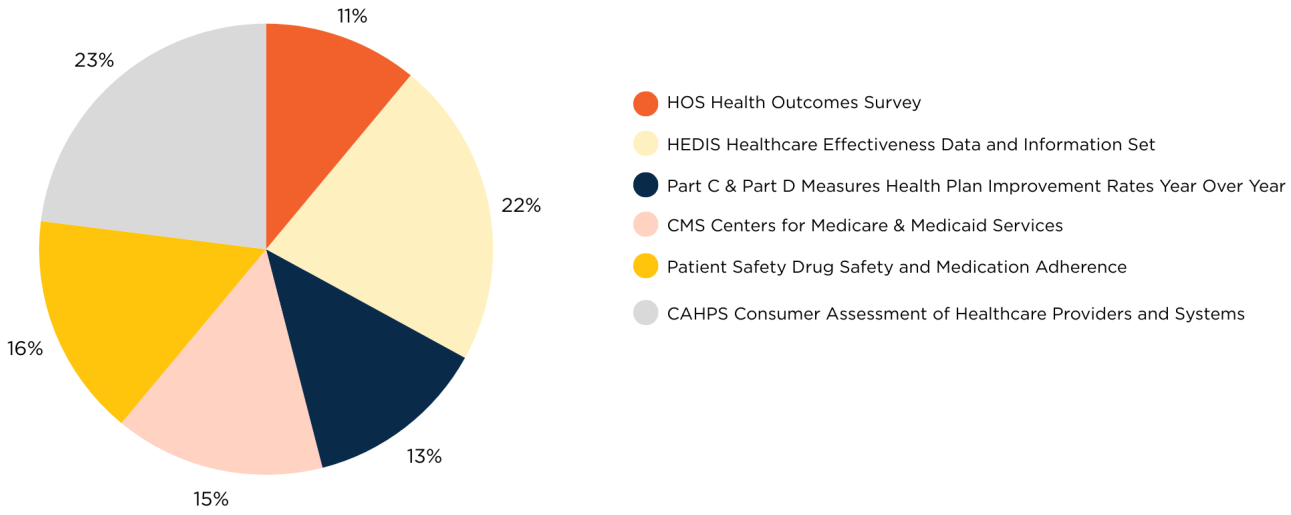
Solis Health Plans is committed to supporting providers in delivering high-quality care and improving patient outcomes. ***This guide includes only those Star measures*** that providers can directly influence. Measures focused solely on health plan operations are not included.

The information provided is sourced from:

- **HEDIS® Volume 2 Technical Specifications for Health Plans. HEDIS Value Set Directory**
- **Pharmacy Quality Alliance (PQA™). PQA Value Set Directory**

This guide is intended as a reference and does not replace clinical judgment. Providers should base treatment decisions on their clinical expertise and the specific circumstances of the patient at the point of care. Measure specifications and coding guidance are subject to annual changes from CMS, NCQA, and PQA. Coding should always be supported by medical necessity and documentation in the patient's medical record.

2025 Measurement Year (MY) ~ 2027 Star Year Measure Category



MY2025 ~ 2027 Star Ratings Confirmed Changes

- ✓ COA Functional Status Assessment added: 1x weigh
- ✓ Removed Care for Older Adults - Pain Assessment
- ✓ Removed the standalone Medication Reconciliation Post-Discharge (Part C) measure
- ✓ Removed hybrid reporting from CDC-Eye Exam
- ✓ COL: Age range expanded to include ages 45-75 (MY24- 46-75)
- ✓ SPC: Added Statin intolerance exclusion
- ✓ Part D: Concurrent Use of Opioids and Benzodiazepines (COB) added: 1x weight
- ✓ Part D: Polypharmacy: Use of Anticholinergic Medications in Older Adults (Poly-ACH) added: 1x weight
- ✓ MTM Program Completion Rate for CMR moved to display page for MY 25/MY 26. Will return to Star Ratings as a new measure in MY 27.
- ✓ HOS measures: Improving or Maintaining Physical Health and Improving of Maintaining Mental Health increased weight to 3x
- ✓ Added Excellent Health Outcomes for All (EHO4all) reward and remove Reward Factor based on MY2022 and MY2023 data

Table 1. 2027 Star Ratings Part C Measures and Measure Weights

Measure Name	Category	Part C Summary Overall Weight
Breast Cancer Screening	HEDIS	1
Colorectal Cancer Screening	HEDIS	1
Care for Older Adults – Functional Assessment	HEDIS	1
Care for Older Adults – Medication Review	HEDIS	1
Controlling Blood Pressure	HEDIS	3
Diabetes Care – Eye Exam	HEDIS	1
Diabetes Care – Glycemic Status Assessment	HEDIS	3
Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	HEDIS	1
Kidney Health Evaluation for Patients with Diabetes	HEDIS	1
Osteoporosis Management in Women who had a Fracture	HEDIS	1
Plan Al-Cause of Readmissions	HEDIS	3
Statin Therapy for Patients with Cardiovascular Disease	HEDIS	1
Transitions of Care	HEDIS	1
Annual Flu Vaccine	CAHPS	1
Getting Needed Care	CAHPS	2
Getting Appointments and Care Quickly	CAHPS	2
Care Coordination	CAHPS	
Customer Service	CAHPS	2
Rating of Health Care Quality	CAHPS	2
Improving or Maintaining Physical Health	HOS	3
Improving or Maintaining Mental Health	HOS	3
Monitoring Physical Activity	HOS	1
Reducing the Risk of Falling	HOS	1
Improving Bladder Control	HOS	1
Special Needs Plan (SNP) Care Management	Operations	1
Complaints about the Health Plan	Operations	2
Members Choosing to Leave the Plan	Operations	2
Plan Makes Timely Decisions about Appeals	Operations	2
Reviewing Appeals Decisions	Operations	2
Call Center – Foreign Language Interpreter and TTY Availability	Operations	2
Health Plan Quality Improvement	Operations	5

Table 2. 2027 Star Ratings Part D Measures and Measure Weights

Measure Name	Category	Part C Summary Overall Weight
Call Center – Foreign Language Interpreter and TTY Availability	Operations	2
Complaints about the Health Plan	Operations	2
Members Choosing to Leave the Plan	Operations	2
Drug Plan Quality Improvement	Operations	5
Getting Needed Prescription Drugs	CAHPS	2
Rating of Drug Plan	CAHPS	2
Medicare Plan Finder Price Accuracy	Patient Safety	2
Medication Adherence for Diabetes Medications	Patient Safety	3
Medication Adherence for Hypertension (RAS antagonists)	Patient Safety	3
Medication Adherence for Cholesterol (Statins)	Patient Safety	3
Statin Use in Persons with Diabetes (SUPD)	Patient Safety	1
Concurrent Use of Opioids and Benzodiazepines	Patient Safety	1
Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults	Patient Safety	1
MTM Program Completion Rate for CMR	Patient Safety	Display

Medical Records

Solis Health Plans provider representatives must be permitted to request medical records. This allows Solis Health Plans to monitor compliance with regulatory requirements. Each provider office will maintain complete and accurate medical records for all Solis-covered patients receiving medical services in a format and for time periods as required by the following:

- Applicable state and federal laws
- Licensing, accreditation and reimbursement rules and regulations to which Solis Health Plans is subject
- Accepted medical practices and standards
- Solis Health Plans policies and procedures

The provider's medical records must be available for utilization, risk management, peer review studies, customer service inquiries, grievances, and appeals processing, claims disputes, quality investigations of potential quality of care concerns, **compliance audits** and other initiatives Solis might be required to conduct.

To comply with accreditation and regulatory requirements, Solis may periodically perform a documentation audit of some provider's medical records. The provider must meet 85% of the requirements for medical record keeping with a goal of 90%, or per applicable state and federal requirements if more stringent.

The participating provider must respond to the Solis member quality unit with submission of required medical records. Only those records for the period designated on the request should be sent. A copy of the request letter should be submitted with a copy of the record.

Important Note: **According to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the form you obtain from the patient permitting you to bill Solis Health Plans is satisfactory to release medical records to Solis Health Plans. Special authorization is NOT needed. HIPAA regulations Section § 164.506 indicates the routine form you obtain is sufficient for disclosures to carry out health care operations. Section § 164.501 defines Health care operations to include quality assessment and improvement activities. Please also note that on Solis Health Plans Group Enrollment forms, Solis Health Plans members authorize any physician, hospital, clinic, or other related facility to release for review the member's or the enrolled family member's medical records to Solis Health Plans. This authorization includes psychiatric and substance abuse records as well as concurrent inpatient review.**

If you have any questions, please contact the HEDIS/Stars Department at hedisfax@solishealthplans.com

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Healthcare Effectiveness Data and Information Set (HEDIS)

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures in the United States.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures designed to ensure that the public, policy makers and payers have the information they need to compare the performance of health care organizations.

HEDIS tracks how well health care organizations perform when providing or facilitating the use of important health services to enrolled populations.

HEDIS is published across several volumes. **HEDIS Measurement Year (MY) 2025** includes **87 measures** across 6 domains:

- Effectiveness of Care.
- Access/Availability of Care.
- Experience of Care.
- Utilization and Risk Adjusted Utilization.
- Health Plan Descriptive Information.
- Measures Reported Using Electronic Clinical Data Systems.

The information in this guide is subject to change based on CMS regulatory guidance and technical specification changes from NCQA and/or PQA.

Measure details can change annually (i.e., service needed for compliance, applicable codes). The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice.

All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications.

The measures and specifications are provided “as is” without warranty of any kind.

NCQA is a private, not-for-profit organization developing measurement and quality solutions that help improve care and build trust in the healthcare system.

NCQA’s solutions help align all levels of the health care system to create an environment that can broadly improve quality, reduce risk and provide higher-value care. NCQA helps set the basis for measurement in value-based and performance measurement systems. HEDIS measures are included in value-based arrangements between health plans and providers, as well as in government quality performance programs such as the Centers for Medicare & Medicaid Services (CMS) **Medicare Advantage Star Ratings Program** and Medicaid Core Sets.

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Measure	What is needed for Compliance

Breast Cancer Screening (BCS-E)
 	
Weight = 1
 	
Assess the percentage of members 42–74 years of age who were recommended for routine Mammography any time between October 1, 2023, through December 31, 2025 (27-month period)
 	
Exclusions:
• Members who had a bilateral mastectomy or both right and left unilateral mastectomies at any time during the member's history through the end of the measurement period (if exact date is unknown, the year is acceptable).
• Members who had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria) any time during the member's history through the end of the measurement period.
• Patients in **hospice**, using hospice services, receiving palliative care or who had an encounter for palliative care during the measurement year (MY2025).
• Patients who died any time during the measurement year (MY2025).
• Patients 66 years old and older who:
  ○ Live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP) **and/or**
  ○ Have frailty **and** advanced illness.
  - Frailty can be diagnosed via a real-time, interactive audio/video telehealth visit. There must be **at least one indication of frailty with two different dates of service** during the measurement year. Those indications can include a frailty device, frailty diagnosis, frailty encounter and/or frailty symptoms.
  - Advanced illness can be diagnosed via any telehealth visits, including audio-only and online assessments.
 	
Note: Unilateral Mastectomy is not an exclusion.
	As part of Solis Health Plans quality improvement, we are implementing HEDIS **Supplemental Data** collection/validation throughout the current measurement year 2025 for any HEDIS open gaps in care. This initiative would significantly increase your HEDIS Stars rate and scores for the MY2025/SY2027.
	
	Results are not required and, if patient self-reported, documentation and date of screening must be reported in the medical record. Submitted records must include the most recent *mammogram* with date of service **(minimum of month and year)** or *mastectomy status* and date of procedure (minimum is *year performed*).
	
	Supplemental data can be used to communicate historical evidence of testing and mastectomies completed.
	
	Providers can submit any type of Supplemental Data to Solis Health Plans in several ways:
	Email: hedisfax@solishealthplans.com
	Fax: 305-675.5972
	Mail: 9250 NW 36th Street, Suite 400 Doral, FL 33178

BCS Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
<54%	>= 54 % to < 66 %	>= 66 % to < 75 %	>= 75 % to < 85%	>= 85%

†The **Medicare 2027 (MY2025) Part C & D Star Rating CMS Official cut points** will be published in **October 2026** and will include official CMS cut points.

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Measure	What is needed for Compliance
Care For Older Adults | Functional Status Assessment (COA-FSA) **Weight = 1** Assess the percentage of adults 66 years of age and older who had a Functional Status Assessment during the measurement year (MY2025) **Exclusions:** • Patients in hospice at any time during the measurement year • Patients who died at any time during the measurement year.	At least **one complete Functional Status Assessment, either** Activities of Daily Living **(ADL) or** Instrumental Activities of Daily Living **(IADL)** during the measurement year. Do not include services provided in an acute inpatient setting. Once the functional assessment is completed submit the claim with the **1170F CPT** code. As part of Solis Health Plans quality improvement, we are implementing HEDIS **Supplemental Data** collection/validation throughout the current measurement year 2025 for any HEDIS open gaps in care. This initiative would significantly increase your HEDIS Stars rate and scores for the MY2025/SY2027. **Providers can submit any type of Supplemental Data to Solis Health Plans in several ways:** ***Email :*** hedisfax@solishealthplans.com ***Fax :*** 305-675.5972 ***Mail:*** 9250 NW 36th Street, Suite 400 Doral, FL 33178

COA-FSA Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
<55 %	>= 55 % to < 75 %	>= 75 % to < 89%	>= 89 % to < 97 %	>= 97 %

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Measure	What is needed for Compliance

Care For Older Adults | Medication Review (COA-MDR)

Weight = 1

Assess the percentage of adults 66 years of age and older who had at least one Medication Review **AND** the presence of a Medication List during the measurement year (MY2025)

Exclusions:

- Patients in hospice, using hospice services.
- Patients who died any time during the measurement year.

Note: The member is numerator complaint if **both** medication review and the medication list are completed.

Medication Review **must** be conducted by a prescribing practitioner or clinical pharmacist.

Once the medication review and medication list are completed, submit the claim with **BOTH** CPT Codes:

Code	Definition
1159F	Medication list documented in medical record
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record

As part of Solis Health Plans quality improvement, we are implementing HEDIS **Supplemental Data** collection/validation throughout the current measurement year 2025 for any HEDIS open gaps in care. This initiative would significantly increase your HEDIS Stars rate and scores for the MY2025/SY2027.

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COA-MDR Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
<58 %	>= 58 % to < 90 %	>= 90 % to < 96%	>= 96 % to < 99 %	>= 99 %

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Measure	What is needed for Compliance

Colorectal Cancer Screening (COL-E)
 	
Weight = 1
 	
Assess the percentage of members **45-75** years old who had an appropriate screening for colorectal cancer.
 	
Exclusions:
• Members who had colorectal cancer any time during the member's history through December 31 of the measurement year.
• Members who had a total colectomy any time during the member's history through December 31 of the measurement period.
• Patients in hospice, using hospice services, receiving palliative care or who had an encounter for palliative care.
• Patients who died any time during the measurement year.
• Patients 66 years old and older who:
  ○ Live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP) **and/or**
  ○ Have frailty and advanced illness.
  - Frailty can be diagnosed via a real-time, interactive audio/video telehealth visit. There must be **at least one indication of frailty with two different dates of service** during the measurement year. Those indications can include a frailty device, frailty diagnosis, frailty encounter and/or frailty symptom.
  - Advanced illness can be diagnosed via any telehealth visits, including audio-only and online assessments.
Note: Partial colectomy is not an exclusion.
	Any of the following:
	• Fecal occult blood test (FOBT) or Fecal Immunochemical Test (FIT) during the current measurement year (2025)
	• Cologuard (fecal immunochemical test **[FIT]-DNA**) test during the current measurement year or the two years prior. (2023-2025)
	• CT colonography during the measurement period or the 4 years prior to the measurement period. (2022-2025)
	• Flexible sigmoidoscopy or CT colonography during the current measurement year or the four years prior. (2021-2025)
	• Colonoscopy during the current measurement year or the nine years prior. (2016-2025)
	
	Documentation in the medical record indicating the screening type ***AND*** date when the colorectal cancer screening was performed meets criteria. **A result is not required.**
	
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	Fax : 305-675.5972
	Mail: 9250 NW 36th Street, Suite 400 Doral, FL 33178

COL-E Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
< 50%	>= 50 % to < 64 %	>= 64 % to < 74%	>= 74 % to < 86 %	>= 86 %

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Measure	What is needed for Compliance

Controlling High Blood Pressure (CBP)

Weight = 3

Assess the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose ***most recent*** **blood pressure** (BP) was adequately controlled **(<140/90 mm Hg)** during the measurement year (MY2025)

Exclusions:

- Members with a procedure that indicates ESRD: dialysis, history of nephrectomy (Total or Partial) or kidney transplant any time during the member's history on or prior to December 31 of the measurement year.
- Pregnancy any time during the measurement year.
- Patients in hospice, using hospice services, receiving palliative care or who had an encounter for palliative care.
- Patients who died any time during the measurement year.
- Patients 66 years old and older who live long-term in an institutional setting **or** are enrolled in an Institutional Special Needs Plan **(I-SNP)**.
- Members 66–80 years of age with frailty and advanced illness. Members must meet **BOTH** frailty **and** advanced illness criteria to be excluded.
  - Frailty can be diagnosed via a real-time, interactive audio/video telehealth visit. There must be **at least one indication of frailty with two different dates of service** during the measurement year. Those indications can include a frailty device, frailty diagnosis, frailty encounter and/or frailty symptoms.
  - Advanced illness can be diagnosed via any telehealth visits, including audio-only and online assessments.
- Members 81 years of age and older with at least one indication of Frailty with two different dates of service during the measurement year.

If there are **multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP** on that date as the representative BP.

BP readings taken by the member using a digital device and documented in the member's medical record are eligible to be used in reporting. Submit the claim with the Systolic and Diastolic value CPT code.

BP readings taken on the same day that the member receives a common low-intensity or preventive procedure are eligible for use. (Vaccinations, injections, TB test, Eye exam without dilating agents, wart or mole removal

Code	Definition
3074F	Most recent systolic blood pressure is less than 130 mm Hg
3075F	Most recent systolic blood pressure 130-139 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3079F	Most recent diastolic blood pressure 80-89 mm Hg

Note: The member is numerator compliant if the BP is **<140/90 mm Hg.**

CBP Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
<60 %	>= 60 % to < 71 %	>= 71 % to < 79%	>= 79 % to < 86 %	>= 86 %

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Measure	What is needed for Compliance
Eye Exam for Patients with Diabetes (EED) **Weight = 1** Assess the percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a **retinal eye exam.** **Exclusions**: • Bilateral eye enucleation *(SNOMED CT code 1566564100011910 3)* any time during the member's history through December 31 of the measurement year. • Patients in hospice, using hospice services, receiving palliative care or who had an encounter for palliative care. • Patients who died any time during the measurement year. • Patients 66 years old and older who: • Live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP) **and/or** • Have frailty and advanced illness. - Frailty can be diagnosed via a real-time, interactive audio/video telehealth visit. There must be **at least one indication of frailty with two different dates of service** during the measurement year. Those indications can include a frailty device, frailty diagnosis, frailty encounter and/or frailty symptoms. - Advanced illness can be diagnosed via any telehealth visits, including audio-only and online assessments. • ***Removed the Hybrid Data Collection Method.***	Diabetics who had **ONE** of the following: • A **retinal or dilated eye exam** by an eye care professional (optometrist or ophthalmologist) in the measurement year (**2025**) • A **negative retinal or dilated eye exam** (negative for retinopathy) by an eye care professional in the year prior to the measurement year (**2024**). • Any code in the **Eye Exam Without Evidence of Retinopathy** (CPT-CAT 3072F) billed by any provider type during the year prior to the measurement year (**2024**). **Providers can submit any type of Supplemental Data to Solis Health Plans in several ways:** ***Email:*** hedisfax@solishealthplans.com ***Fax:*** 305-675.5972 ***Mail:*** 9250 NW 36th Street, Suite 400 Doral, FL 33178 *Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.* Please refer members to the network of eye care providers for their annual diabetic eye exam using the steps below: • Visit the Premier Eye Care website. • Select **"Locate a Provider."** • Under **"Search by Health Plan,"** choose **"Solis Health Plans."** • Enter the member's **ZIP code.** • Ensure that you select providers who offer **"Exams"** services (not those limited to Eyewear and/or Contact Lenses only). This will help ensure members receive the appropriate care for their annual diabetic eye exam.

EED Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
< 56%	>= 56 % to < 68 %	>= 68 % to < 74%	>= 74 % to < 86 %	>= 86 %

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Measure

Glycemic Status Assessment for Patients with Diabetes (GSD)

Weight = 3

†Assess 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 **<8.0%** during the measurement year.

Note: †For Medicare Star Program Rating calculation, the Glycemic status level ≤9.0% meets criteria.

Exclusions:

- Patients in hospice, using hospice services, receiving palliative care or who had an encounter for palliative care.
- Patients who died any time during the measurement year.
- Patients 66 years old and older who:
  - Live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP) **and/or**
  - Have frailty and advanced illness.
    - Frailty can be diagnosed via a real-time, interactive audio/video telehealth visit. There must be **at least one indication of frailty with two different dates of service** during the measurement year. Those indications can include a frailty device, frailty diagnosis, frailty encounter and/or frailty symptoms.
    - Advanced illness can be diagnosed via any telehealth visits, including audio-only and online assessments.

Note: †The member is not numerator compliant if the result of the most recent glycemic status assessment is ≥9.0% or is missing a result, or if a glycemic status assessment was not done during the measurement year. If there are multiple glycemic status assessments on the same date of service, use the lowest result.

What is needed for Compliance

- The member is numerator compliant if the most recent glycemic status assessment has a result of <8.0%. **For Medicare Star Program Rating calculation, the Glycemic status level ≤9.0% meets criteria.**
- Identify and document in the members medical record the most recent glycemic status assessment (HbA1c or GMI)
  during the measurement year.

Once the HbA1c value and date is documented in the medical record, submit the claim with the following CPT codes.

Code	Definition
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%.
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%.
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%.

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Doral, FL 33178

GSD Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
< 48%	>= 48 % to < 68%	>= 68 % to < 80 %	>= 80 % to < 93%	>= 93 %

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Measure	What is needed for Compliance

Kidney Health Evaluation for Patients with Diabetes (KED)

Weight = 1

Assess 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.

Exclusions:

- Members with a diagnosis of ESRD any time during the member's history on or prior to December 31 of the measurement year.
- Members who had dialysis at any time during the member's history on or prior to December 31 of the measurement year.
- Patients in hospice, using hospice services, receiving palliative care or who had an encounter for palliative care.
- Patients who died any time during the measurement year.
- Patients 66 years old and older who live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP).
- Members 66–80 years with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded.
  - Frailty can be diagnosed via a real-time, interactive audio/video telehealth visit. There must be at least one indication of frailty with two different dates of service during the measurement year. Those indications can include a frailty device, frailty diagnosis, frailty encounter and/or frailty symptoms.
  - Advanced illness can be diagnosed via any telehealth visits, including audio-only and online assessments.
- Members 81 years of age and older with at least one indication of frailty with **two** different dates of service during the intake period through the end of the measurement year.

Members who received **BOTH** an **eGFR** (blood) and a **uACR** (Urine Creatinine & Urine Albumin) during the measurement year on the same or different dates of service:

- At least one eGFR (blood) **AND**
- At least one Urine Albumin **AND** Urine Creatinine *or Urine Albumin-Creatinine ratio (uACR).*

Code	Definition
80048 **80053** **80069**	Estimated Glomerular Filtration Rate (eGFR) Lab Test
30000-4	Urine Albumin Creatinine Ratio Lab Test
82043 **AND** **82570**	Urine Albumin Lab Test Urine Creatinine Lab Test

Providers can submit any type of Supplemental Data to Solis Health Plans in several ways:

Email : hedisfax@solishealthplans.com
Fax : 305-675.5972
Mail: 9250 NW 36th Street, Suite 400 Doral, FL 33178

KED Star measure prospective cut points - ***Revised 09/26/2025 (Hedis/Stars Director)***

1 star	2 stars	3 stars	4 stars	5 stars
< 69 %	>= 69 % to < 77 %	>= 77 % to < 82 %	>= 82 % to < 88%	>= 88 %

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Healthcare Effectiveness Data and Information Set (HEDIS)

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Measure

Osteoporosis Management in Women Who Had a Fracture (OMW)

Weight = 1

Assess 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 **180 days (6 months)** after the fracture.

Exclusions:

- Patients in hospice, using hospice services, receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5).
- Patients who died any time during the measurement year.
- Patients 67 years old and older who live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP).
- Members 67–80 years with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded.
  - Frailty can be diagnosed via a real-time, interactive audio/video telehealth visit. There must be at least one indication of frailty with two different dates of service during the measurement year. Those indications can include a frailty device, frailty diagnosis, frailty encounter and/or frailty symptoms.
  - Advanced illness can be diagnosed via any telehealth visits, including audio-only and online assessments.
- Members 81 years of age and older with at least one indication of frailty with **two** different dates of service during the intake period through the end of the measurement year.

What is needed for Compliance

Appropriate testing or treatment in the 6 months after the fracture defined by **any one of the following**:

- **A Bone Mineral Density (BMD) test** in any setting, on or within the **6 months period** of the **IESD.**
- **Osteoporosis Therapy:** Injection, denosumab, 1 mg (J0897); Injection, ibandronate sodium, 1 mg (J1740); Injection, teriparatide, 10 mcg (J3110); Injection, romosozumab-aqqg, 1 mg (J3111); Injection, zoledronic acid, 1 mg (J3489); Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg (Q5136).
- A dispensed prescription to treat osteoporosis on the IESD or in the 6 months period after the IESD.

Bisphosphonates	• Alendronate • Alendronate-cholecalciferol • Ibandronate • Risedronate • Zoledronic acid
Other agents	• Abaloparatide • Denosumab • Raloxifene • Romozumab • Teriparatide

Note: Patients are removed from the eligible population if they have had any one of the following:

- Had a bone mineral density test within the 24 months prior to the fracture.
- Received osteoporosis therapy within the 12 months prior to the fracture.

IESD: Index Episode Start Date

OMW Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
< 31%	>= 31 % to < 42%	>= 42 % to < 55 %	>= 55 % to < 73 %	>= 73 %

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Measure	What is needed for Compliance

Statin Therapy for Patients with Cardiovascular Disease (SPC)
 	
Weight = 1
 	
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 met the following criteria:
- Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year (2025).
 	
Exclusions:
• *Myalgia or rhabdomyolysis caused by a statin*.
• Myalgia, myositis or rhabdomyolysis during the measurement year.
• Any of the following during the measurement year or the year prior:
  ○ Pregnancy diagnosis, IVF or at least one prescription for clomiphene (estrogen agonists)
  ○ End stage renal disease (ESRD) or dialysis
  ○ Cirrhosis
• Patients in hospice, using hospice services, receiving palliative care or who had an encounter for palliative care.
• Patients who died any time during the measurement year.
• Patients 66 years old and older who live long-term in an institutional setting **or** are enrolled in an Institutional Special Needs Plan (I-SNP).
• Members 66 years of age and older with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded.
  ○ Frailty can be diagnosed via a real-time, interactive audio/video telehealth visit. There must be at least one indication of frailty with two different dates of service during the measurement year. Those indications can include a frailty device, frailty diagnosis, frailty encounter and/or frailty symptoms.
  ○ Advanced illness can be diagnosed via any telehealth visits, including audio-only and online assessments.
	Members who were dispensed at least **ONE** high-intensity ***or*** moderate-intensity statin medication during the measurement year (received therapy).
	
	MEASURE BEST PRACTICES:
	• Be sure to share with patients that statin therapy can reduce their risk of heart attack and stroke.
	• For medications given to the patient in a clinical setting (not using Health Plan Benefits, free samples, out of pocket, use of a secondary health insurance, etc.), document in the medical record the statin name, the date that it was dispensed, its dosage/strength and administration route. This documentation can then be submitted as supplemental data.

SPC Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
< 79%	>= 79 % to < 84 %	>= 84 % to < 89%	>= 89 % to < 95 %	>= 95 %

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Measure	What is needed for Compliance
Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) **Weight = 1** The percentage of emergency department (ED) visits for individuals 18 years of age and older who have **multiple** (two or more) ***high-risk chronic conditions*** that had a ***follow-up service within 7 days of the ED visit.*** **Chronic Conditions:** • COPD, asthma or unspecified bronchitis • Alzheimer's disease and related disorders • Chronic kidney disease • Depression • Heart failure and cardiomyopathy • Acute myocardial infarction • Atrial fibrillation • Stroke and transient ischemic attack **Exclusions:** • Patients in hospice, using hospice services. • Patients who died any time during the measurement year.	Patients become eligible for this measure by having ***two or more chronic conditions*** during the measurement year or year prior. 7-Day Follow-Up: A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. The following meet criteria for follow-up: • An outpatient visit, telephone visit, e-visit or virtual check-in • Transitional care management services • Case management visits • Complex Care Management Services • An outpatient or behavioral health visit • An outpatient or behavioral health visit **MEASURE BEST PRACTICES:** • Contact your provider network representative to request your login access credentials for the Hospitalization Census Portal. • Allow scheduling flexibility to accommodate a follow-up visit within seven days of the ED visit. • Implement processes with hospitals to facilitate sharing of discharged information. • Obtain census information from EDs/facilities whenever possible.

FMC Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
< 44%	>= 44 % to < 56%	>= 56 % to < 64 %	>= 64 % to < 73%	>= 73 %

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Measure	What is needed for Compliance
Care Coordination: Transitions Of Care (TRC) Measure **Weight = 1** The Transitions of Care measure assesses instances of admission and discharge information delivered to a patient's physician, as well as evaluating patient engagement provided within 30 days after an acute or nonacute discharge. *The measure is new to Star measures as of MY2022.* This 1.0 weighted measure consists of four composite measures: • **Notification of Inpatient Admission** (TRC–NIA) • **Receipt of Discharge Information** (TRC–RDI) • **Patient Engagement after Inpatient Discharge** (TRC–PED) • **Medication Reconciliation Post-Discharge** (TRC–MRP) **Exclusions:** • Patients in hospice or using hospice services. • Patients who died anytime during the measurement year. • Discharges occurring after Dec. 1 of the measurement year. **Note:** There is a CAHPS measure that is also referred to as Care Coordination (CC).	**MEASURE BEST PRACTICES:** • Reconcile information in your electronic health records and proactively reconcile the data you are sending regarding the care provided to your patients. • Transitions of care help to decrease readmissions and medication errors. It also helps with affordability and to improve communication between members and their providers. • Transitions of care help to better coordinate care, decreasing issues before they occur and leading to better member health outcomes. **Note:** If any one of the four composite measures is non-compliant, the entire measure would be non-compliant. Please contact your provider network representative to request your login access credentials for the Hospitalization Census Portal.

TRC Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
< 45%	>= 45 % to < 55 %	>= 55 % to < 67%	>= 67 % to < 79 %	>= 79 %

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Measure	What is needed for Compliance
Transitions Of Care Notification of Inpatient Admission (TRC–NIA) This is a component of Transitions of Care (TRC), a 1x weighted measure that is an average of four non weighted components (TRC– NIA, TRC–RDI, TRC–PED and TRC– MRP). **Weight = 0.25** For members ages 18 and older, the percentage of acute or non-acute **inpatient discharges on or between January 1 - December 1** of the measurement year with a notification of inpatient admission documented the day of or 2 days after the admission (3 days total). **Exclusions**: • Patients in hospice or using hospice services. • Patients who died anytime during the measurement year. • Discharges occurring after Dec. 1 of the measurement year. **Hybrid: This sub measure is 100% hybrid. There are no administrative data available (No claim codes for TRC–NIA).**	• Documentation in patient's outpatient medical record must include evidence of receipt of notification of inpatient admission on day of admission or two following days (three calendar days total). • Evidence must include the date the documentation was received. This evidence can only be collected via medical record review. • If an observation stay turns into an inpatient admission, the admit notification must be documented as being received on the admit date of the observation stay or within the two following days. • For planned admissions, documentation of a preadmission exam or advance admission notification is acceptable and: • Must clearly apply to the admission event and include the time frame for the planned inpatient admission. • It is not limited to the admit date or the two following days. **Note:** • ***Any documentation of notification that does not include a time frame or date stamp does not meet criteria*.*** • When using a Health information exchange (HIE), automated admission/discharge transfer (ADT) alert system or shared electronic medical record (EMR) system and the member's PCP or ongoing care provider, documentation of a "received date" in the EHR is not required to meet criteria. Evidence was filed in EHR and is accessible to the primary care physician or ongoing care provider on day of admission through two days after admission (three total days) meets criteria. • Notification of admission by a patient or patient's family to primary care physician or ongoing care provider does not meet criteria. **MEASURE BEST PRACTICES:** • Contact your provider network representative to request your login access credentials for the Hospitalization Census Portal. • Be aware of patients' inpatient stays by checking daily the Hospitalization Census Portal and take a screenshot of the member's inpatient admission information and upload it in the patient's chart (EMR) on the day of the admission or two following days (tree calendar days total). • Reach out to the hospital or SNF and engage with the patients about being aware of their acute admission and advise them to reach out to the office after discharge as soon as possible to prevent gaps in care.

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Measure	What is needed for Compliance
Transitions Of Care – Receipt of Discharge Information (TRC–RDI) This is a component of Transitions of Care (TRC), a 1x weighted measure that is an average of four non weighted components (TRC– NIA, TRC–RDI, TRC–PED and TRC– MRP). **Weight = 0.25** For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between Jan.1 – Dec. 1 of the measurement year with a receipt of discharge information documented the day of or 2 days after the discharge (3 days total). • **<u>Hybrid:</u> This sub-measure is 100% hybrid. There is no administrative data available (No claim codes for TRC–RDI)**.	To address the measure, the patient's outpatient medical record must include documentation by his/her primary care physician practice that discharge information was received on the day of discharge or within the two following days (three calendar days total). • **Evidence must include a stamp on the date when the documentation was received. This evidence can only be collected via medical record review.** *Discharge information* located in structural fields in an EMR ***must include at least one of the following:*** ○ A discharge summary. ○ A summary of care records. **Note:** • ***Any documentation that does not include a time frame or date stamp does not meet criteria. **** • When using a Health information exchange (HIE), automated admission/discharge transfer (ADT) alert system or shared electronic medical record (EMR) system and the member's PCP or ongoing care provider, documentation of a "received date" in the EHR is not required to meet criteria. Evidence the information was filed in EHR and is accessible to the primary care physician or ongoing care provider on day of discharge through two days after discharge (three total days) meets criteria. ○ <u>Notification of discharge by a patient or patient's family to primary care physician or ongoing care provider does not meet criteria.</u> **MEASURE BEST PRACTICES:** • Contact your provider network representative to request your login access credentials for the Hospitalization Census Portal. • Be aware of patients' inpatient stays by checking daily the Hospitalization Census Portal and take a screenshot of the member's inpatient discharge information and upload it in the patient's chart (EMR) on the day of the admission or two following days (tree calendar days total). • Obtain timely discharge summaries and post discharge medication list. • Reach out to the members within 48 hours post discharge and schedule a hospital follow-up visit with the PCP.

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Measure	What is needed for Compliance

Transitions Of Care – Patient Engagement After Inpatient Discharge (TRC–PED)
 	
This is a component of Transitions of Care (TRC), a 1x weighted measure that is an average of four non weighted components (TRC– NIA, TRC–RDI, TRC–PED and TRC– MRP).
 	
Weight = 0.25
 	
For members 18 and older, percentage of discharges from Jan. 1–Dec. 1 of the current measurement year. For patients 18 years old and older for whom had a service (office visit, visit to home, telehealth, telephonic) provided within 30 days after discharge.
	• Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge (not the date of discharge). Member engagement on the day of the discharge will not be compliant.
	
	• To address the measure, the patient must be engaged within 30 days of discharge via:
	  ○ Outpatient visits, including office or home visits.
	  ○ A telephone visit.
	  ○ A synchronous telehealth visit where real-time interaction occurred between the patient and his/her primary care physician with audio and video communication.
	  ○ An e-visit or virtual check-in (asynchronous where two-way interaction, which was not real-time, occurred between the member and provider).
	  ○ Transitional care management.
	
	Note: If a patient is unable to communicate, his/her primary care physician can interact with a caregiver.
	
	WHAT TO REPORT
	Physician codes
	• **Outpatient Visits CPT**: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347- 99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483.
	• **Online, Telehealth, TCM CPT**: 98966–98968, 99442–99443, 99495, 99496, modifier 95.
	• **Telephone Visit**: 99441, 99442, 98966, 98967, 98968.
	• **Hybrid**: Claim/Encounter Data.
	
	MEASURE BEST PRACTICES:
	• Provide hospital follow-up service as soon as possible after an acute discharge stay.
	• Review all discharge summaries.

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Measure	What is needed for Compliance

Transitions Of Care Medication Reconciliation Post-Discharge (TRC–MRP)
 	
This is a component of Transitions of Care (TRC), a 1x weighted measure that is an average of four non weighted components (TRC– NIA, TRC–RDI, TRC–PED and TRC–MRP)
 	
Weight = 0.25
 	
For members 18 and older, percentage of discharges from Jan. 1–Dec. 1 of the current measurement year. For patients 18 years old and older for whom medications were reconciled, the date of discharge through 30 days after discharge (31 total days).
 	
If a patient is readmitted or directly transferred to inpatient care within 30 days of discharge, the final discharge date is included in the measure unless dated after Dec. 1.
 	
Exclusions:
• Patients in hospice or using hospice services.
• Patients who died anytime during the measurement year.
• Inpatient stays with a discharge date of Dec. 2– 31.
 	
Note: *Per Final Rule announcement on April 15, 2025, Removed the Stand-Alone Med Rec Post-Discharge (MY25)*
	Documentation of **medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse** on the day the patient is discharged from the hospital through 30 days after discharge (31 total days). Licensed practical nurses and other non-licensed staff can perform the medication reconciliation, but it must be reviewed and approved by a physician, clinical pharmacist, or registered nurse.
	When patients are directly transferred to another facility, perform reconciliation for final discharge. Document all medication reconciliations with a dated notation in outpatient medical records. A medication list must be present in the outpatient record to fully comply with the measure. **If a patient is unable to visit the office,** medication reviews can be completed via all telehealth methods including audio-only visits and virtual check-ins, such as sharing information via secure email and patient portals. An outpatient visit or member presence is not required.
	WHAT TO REPORT
	• **Hybrid: Claim/Encounter Data Physician codes:**
	  ○ CPT: 99483, 99495, 99496
	  ○ **Once medication reconciliation is complete, submit CPT II code 1111F on the patient's claim.**
	• **Any of these medical record notations will ensure measure compliance:**
	  ○ Current medications with a notation that a clinician reconciled the current and ***discharge*** medications.
	  ○ Current medications with a notation that references the ***discharge*** medications.
	  ○ Patient's current medications with a notation that the ***discharge*** medications were reviewed.
	  ○ Current medication list, a ***discharge*** medication list and a notation that both lists were reviewed on the same date of service.
	  ○ Current medication list with documentation that patient was seen for ***post-discharge*** follow-up with medications reviewed or reconciled after hospitalization/discharge.
	  ○ Documentation in discharge summary that ***discharge*** medications were reconciled with the current medications (there must be evidence that the discharge summary was filed in outpatient chart within 30 days after discharge [31 days total]).
	  ○ Notation that no medications were prescribed or ordered upon ***discharge.***

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Measure	What is needed for Compliance
Care Coordination: **Plan All Cause Readmissions (PCR)** **Weight = 3** Percentage of members 18 years old and older who have had an acute inpatient or observation stay and experience a subsequent ***unplanned* acute readmission or observation stay for any diagnosis to a hospital within 30 days, either for*** the same condition or for a different reason. This includes patients who may have been re-admitted to the same hospital or a different one. Rates of readmission are risk-adjusted and account for how sick patients were on the first admission. Exclusions: • Planned admissions for chemotherapy, rehabilitation, transplant, etc., are not included as readmissions. • Stays with discharge dates of December 2–31 • Pregnancy-related admission • Patients in hospice or using hospice services • Patient died during stay • Patients with four or more hospital stays (acute inpatient and observation) between January 1 and December 1	• No particular service is needed. • Practices may proactively identify patients recently discharged from acute care facilities using daily discharge reports. Reaching out to these patients to schedule timely follow-up visits and complete medication reconciliation can help reduce the risk of hospital re-admissions. **MEASURE BEST PRACTICES:** • **Assess Barriers to Care:** Engage patients in conversations to identify potential barriers to recovery, such as difficulty obtaining medications, transportation challenges, or lack of support at home. • **Prioritize Timely Follow-Up:** When feasible, manage scheduling capacity to ensure patients discharged from acute care are seen within seven days. • **Monitor Discharges Daily:** Stay informed by reviewing the daily discharge census to identify patients needing timely follow-up. • **Complete Medication Reconciliation Promptly:** Conduct medication reconciliation during the first post-discharge encounter to ensure safety and accuracy. • **Coordinate Support Services:** Connect patients with appropriate community resources and/or health plan care management programs, care coordination and home health services to support patients post-discharge to help overcome barriers to care and reduce the risk of readmission.

PCR Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
> 16%	> 12 % to <=16 %	> 8 % to <=12 %	> 6 % to <=8 %	<= 5 %

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Patient Safety

Understanding Medication Adherence and the PDC Metric

The Centers for Medicare & Medicaid Services (CMS) evaluates medication adherence using a metric known as the **Proportion of Days Covered (PDC).** This measure calculates the percentage of days within a defined period that a patient has access to their prescribed medication, based on pharmacy claims submitted to the health plan.

The **Pharmacy Quality Alliance (PQA)** is a national quality organization dedicated to improving medication safety, adherence and appropriate use. A measure developer, researcher, educator and convener, PQA's quality initiatives support better medication use and high-quality care. **Pharmacy Quality Alliance (PQA)** develops and maintains performance measures grouped into the domains of Adherence, Appropriate Medication Use, Medication Safety, and Medication Therapy Management. PQA has multiple measures focused on opioid prescribing and specialty medications. All PQA-endorsed measures are comprehensively reviewed routinely and are updated accordingly.

The measurement period is determined by the medication's start date and typically spans the calendar year. The PDC is calculated by dividing the number of days the patient had the medication on hand by the total number of days in the measurement period.

Patients with a **PDC of 80% or higher** are considered adherent, indicating they are taking their medication consistently enough to receive optimal therapeutic benefit. A PDC below 80% is classified as nonadherent, which may compromise treatment outcomes. The 80% threshold is widely accepted in clinical guidelines as the minimum adherence level necessary for efficacy.

Recommended Strategies to Support Medication Adherence

- Engage in meaningful conversations with patients to explore potential barriers to adherence, including side effects, cost, or misunderstandings about the therapy.
- Educate patients about the importance of staying on their prescribed treatment for managing chronic conditions like diabetes, hypertension, and high cholesterol.
- Assess transportation or access issues that may affect patients' ability to refill prescriptions. Recommend 90-day supply options through retail or mail-order pharmacies to improve convenience.
- Update prescriptions promptly if there has been a change in dosage, ensuring the pharmacy has the most accurate and current information.

Patient Safety

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Medication Adherence for Hypertension (Renin Angiotensin System Antagonists) (PDC-RASA)

Weight = 3

Percentage of individuals 18 years old and older who met the Proportion of Days Covered (PDC) threshold of 80% for RAS antagonists during the measurement year (2025)

Only paid, non-reversed **prescription** claims are included in the data set to calculate the measure.

Event/Diagnosis: Individuals with two or more prescription claims for any RAS antagonist on different dates of service in the treatment period.

Exclusions:

- Patients in hospice or using hospice services at any time during the measurement year (2025)
- End-Stage Renal Disease (ESRD) at any time during the measurement year (2025)
- Any individual one or more prescription claims for sacubitril/valsartan during the treatment period.

Table. RASA: Renin Angiotensin System (RAS) System*+

Direct Renin Inhibitor Medications and Combinations		
• aliskiren (+/- hydrochlorothiazide)		
ARB Medications and Combinations		
• azilsartan (+/- amlodipine, hydrochlorothiazide) • candesartan (+/- hydrochlorothiazide) • eprosartan (+/- hydrochlorothiazide)	• irbesartan (+/- hydrochlorothiazide) • losartan (+/- hydrochlorothiazide) • Olmesartan (+/- amlodipine, hydrochlorothiazide)	• Telmisartan (+/- amlodipine, hydrochlorothiazide) • Valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol^)
ACE Inhibitor Medications and Combinations		
• benazepril captopril (+/- amlodipine, hydrochlorothiazide) • Captopril (+/- hydrochlorothiazide) • enalapril (+/- hydrochlorothiazide) • fosinopril (+/- hydrochlorothiazide)	• lisinopril (+/- hydrochlorothiazide) • moexipril (+/- hydrochlorothiazide) • perindopril (+/- amlodipine)	• quinapril (+/- hydrochlorothiazide) • ramipril • trandolapril (+/- verapamil)

*Active ingredients are limited to oral formulations only
+ Excludes nutritional supplement/dietary management combination products
^ There are no active NDCs for valsartan/nebivolol

PDC-RASA Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
<84 %	>=84 % to <88 %	>=88% to < 91 %	>=91 % to 93 %	>=93%

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Patient Safety

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Medication Adherence for Diabetes Medication (PDC-DR)

Weight = 3

Percentage of individuals 18 years old and older who met the Proportion of Days Covered (PDC) threshold of 80% for diabetes medications during the measurement year (2025).

Diabetes Medications:

- BG: Biguanides
- SFU: Sulfonylureas
- TZD: Thiazolidinediones
- DPP4: DPP-4 Inhibitors
- GIP/GLP1: GIP/GLP-1 Receptor Agonists
- MEG: Meglitinides
- SGLT2: SGLT2 Inhibitors

Only paid, non-reversed **prescription** claims are included in the data set to calculate the measure.

Event/Diagnosis: Individuals with two or more prescription claims for any diabetes medications on different dates of service in the treatment period.

Exclusions:

- Patients in hospice or using hospice services at any time during the measurement year (2025)
- End-Stage Renal Disease (ESRD) at any time during the measurement year (2025)
- Any individual one or more prescription claims for insulin in the treatment period.

PDC-DR Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
<81 %	>=81 % to <86 %	>=86% to < 89 %	>=89 % to 93 %	>=93%

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Medication Adherence for Diabetes Medication (PDC-DR)

Diabetes Medication Tables

Table. BG: Biguanides +*

Biguanide Medications and Combinations
• metformin (+/- alogliptin, canagliflozin, dapaglifozin, ertuglifozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)

+Active ingredients are limited to oral formulations only
* Excludes nutritional supplement/dietary management combination products

Table. SFU: Sulfonylureas +

Sulfonylurea Medications and Combinations		
• chlorpropamide* • glimepiride (+/- pioglitazone, rosiglitazone*)	• glipizide (+/- metformin) • glyburide (+/- metformin)	• tolazamide • tolbutamide*

+Active ingredients are limited to oral formulations only
* Excludes nutritional supplement/dietary management combination products

Table. TZD: Thiazolidinediones+

Thiazolidinedione Medications and Combinations		
• pioglitazone (+/- alogliptin, glimepiride, metformin)	• rosiglitazone (+/- glimepiride*, metformin	

+Active ingredients are limited to oral formulations only
* Excludes nutritional supplement/dietary management combination products

Table. DPP4: DPP-4 Inhibitors+

DPPP-4 Medications and Combinations		
• alogliptin (+/- metformin, pioglitazone) • linagliptin (+/- empaglifozin, metformin)	• saxagliptin (+/- dapaglifozin, metformin)	• sitagliptin (+/- ertuglifozin, metformin)

+Active ingredients are limited to oral formulations only
* Excludes nutritional supplement/dietary management combination products

Table. GIP/GLP1: GIP/GLP-1 Receptor Agonists+

GIP/GLP-1 Receptor Agonists Medications		
• albiglutide* • dulaglutide • exenatide	• liraglutide • lixisenatide • semaglutide	• tirzepatide

+Active ingredients are limited to oral formulations only
* Excludes nutritional supplement/dietary management combination products

Table MEG: Meglitinides+

Meglitinide Medications and Combinations		
• nateglinide	• repaglinide (+/- metformin)	

+Active ingredients are limited to oral formulations only

Table SGLT2: SGLT2 Inhibitors+

SGLT2 Inhibitor Medications and Combinations		
• bexaglifozin • canaglifozin (+/- metformin)	• dapaglifozin (+/- metformin, saxagliptin) • empaglifozin (+/- lina gliptin, metformin)	• ertuglifozin (+/- metformin, sitagliptin)

+Active ingredients are limited to oral formulations only

Table INSULINS: Insulin Exclusion+*

Insulin Medications and Combinations		
• insulin aspart (+/- insulin aspart protamine, niacinamide) • insulin degludec (+/- liraglutide) • insulin detemir	• insulin glargine (+/- lixisenatide) • insulin glulisine • insulin isophane (+/- regular insulin)	• insulin lispro (+/- lispro protamine) • insulin regular (including inhalation powder)

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Medication Adherence for Cholesterol Medication (PDC-STA)

Weight = 3

Percentage of individuals 18 years old and older who met the Proportion of Days Covered (PDC) threshold of 80% for statins during the measurement year (2025).

Statin Medications and Combinations:

- atorvastatin (+/- amlodipine, ezetimibe)
- fluvastatin
- lovastatin (+/- niacin)
- pitavastatin
- pravastatin
- rosuvastatin (+/- ezetimibe)
- simvastatin (+/- ezetimibe, niacin)

Only paid, non-reversed **prescription** claims are included in the data set to calculate the measure.

Event/Diagnosis: Individuals with two or more prescription claims for any statin on different dates of service in the treatment period.

Exclusions:

- Patients in hospice or using hospice services at any time during the measurement year (2025)
- End-Stage Renal Disease (ESRD) at any time during the measurement year (2025)

PDC-STA Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
<82 %	>=82 % to <87 %	>=87% to < 91 %	>=91 % to 93 %	>=93%

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Statin Use in Persons with Diabetes (SUPD)

Weight = 1

Percentage of individuals ages 40 to 75 who were dispensed a medication for diabetes that receive a statin medication. **Only paid,** non-reversed **prescription** claims are included in the data set to calculate the measure.

Statin Medications and Combinations:

- atorvastatin (+/- amlodipine, ezetimibe)
- fluvastatin
- lovastatin (+/- niacin)
- pitavastatin
- pravastatin
- rosuvastatin (+/- ezetimibe)
- simvastatin (+/- ezetimibe, niacin)

Event/Diagnosis: Individuals with two or more prescription claims for any diabetes medications on different dates of service in the treatment period.

Exclude individuals with any of the following during the measurement year (2025):

- Hospice
- End-Stage Renal Disease (ESRD)
- Rhabdomyolysis or myopathy
  - G72.0 Drug-induced myopathy
  - G72.89 Other specified myopathies
  - G72.9 Other myositis, unspecified site
  - M60.9 Myositis, unspecified
  - M62.82 Rhabdomyolysis
- Pregnancy, lactation or fertility medication (clomiphene)
- Cirrhosis
- Pre-Diabetes
  - R73.03 Prediabetes
  - R73.09 Other abnormal blood glucose
- Polycystic ovary syndrome

SUPD Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
<81 %	>=81 % to <86 %	>=86% to < 90 %	>=90 % to 95 %	>=95%

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Concurrent Use of Opioids and Benzodiazepines (COB)

Weight = 1

Percentage of individuals 18 years and older with concurrent use of prescription opioids and benzodiazepines.

A lower rate indicates better performance.

Refer to Opioids and Benzodiazepines tables.

Only paid, non-reversed **prescription** claims are included in the data set to calculate the measure.

Event: Individuals with two or more prescription claims for opioid medications on different dates of service and with more than 15 cumulative days' supply during the measurement year.

Concurrent use: Overlapping days' supply for an opioid and a benzodiazepine for 30 cumulative days or more during the measurement year (2025).

Exclude individuals with any of the following during the measurement year (2025):

- Hospice
- Palliative Care
- Cancer diagnosis
- Cancer related to pain (G89.3 Neoplasm related to pain (acute) (chronic)
- Sickle cell disease

Note: This measure is not intended for clinical decision making. This measure is intended for retrospective evaluation of populations of patients and should not be used to guide clinical decisions for individual patients.

COB Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
> 45%	>35% to < 45 %	>25 % to < 35 %	>9% to < 25%	<=9%

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Concurrent Use of Opioids and Benzodiazepines (COB)

Table Opioids and Benzodiazepines Medications

Table COB-A: Opioids+*

Opioid Medications		
• benzhydrocodone	• hydrocodone	• opium
• buprenorphine	• hydromorphone	• oxycodone
• butorphanol	• levorphanol	• oxymorphone
• codeine	• meperidine	• pentazocine
• dihydrocodeine	• methadone	• tapentadol
• fentanyl	• morphine	• tramadol

+ Includes combination products and prescription opioid cough medications
*Excludes the following: injectable formulations; sublingual sufentanil (used in a supervised setting): and single-agent and combination buprenorphine products to treat opioid use disorder (e.e., buprenorphine sublingual tablest, Probuphine Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products

Table COB-B: Benzodiazepines+,*

Benzodiazepines Medications		
• alprazolam	• diazepam	• oxazepam
• chlordiazepoxide	• estazolam	• quazepam
• clobazam	• flurazepam	• temazepam
• clonazepam	• lorazepam	• triazolam
• clarazepate	• midazolam	

+ Includes combination products
*Excludes injectable formulations

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Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)

Weight = 1

Percentage of individuals 65 years and older with concurrent use of two or more unique anticholinergic medications from January 1 through December 2 of the measurement year (2025)

A lower rate indicates better performance.

Refer to POLY-ACH: Anticholinergic Medications table.

Only paid, non-reversed **prescription** claims are included in the data set to calculate the measure.

Event: Individuals with two or more prescription claims for the same anticholinergic medication on different dates of service, overlapping for 30 cumulative days during the measurement year (2025)

Exclude individuals in hospice care at any time during the measurement year (2025):

Note: This measure is not intended for clinical decision making. This measure is intended for retrospective evaluation of populations of patients and should not be used to guide clinical decisions for individual patients.

POLY-ACH Star measure prospective cut points

1 star	2 stars	3 stars	4 stars	5 stars
>16%	>13% to < 16 %	>10 % to < 13 %	>5% to < 10%	<=5%

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Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)

Table POLY-ACH Medications+*

Antihistamine Medications		
• brompheniramine • chlorpheniramine • cyproheptadine	• dimenhydrinate **Δ** • diphenhydramine (oral) • doxylamine	• hydroxyzine • meclizine • triprolidine
Antiparkinsonian Agent Medications		
• benztropine	• trihexyphenidyl	
Skeletal Muscle Relaxant Medications		
• cyclobenzaprine	• orphenadrine	
Antidepressant Medications		
• amitriptyline • amoxapine • clomipramine	• desipramine • doxepin (>6mg/day) **(†)** • imipramine	• nortriptyline • paroxetine
Antipsychotic Medications		
• chlorpromazine • clozapine	• olanzapine • perphenazine	
Antimuscarinic (urinary incontinence) Medications		
• darifenacin • fesoterodine • flavoxate	• oxybutynin • solifenacin	• tolterodine • trospium
Antispasmodic Medications		
• atropine • clidinium-chlodiazepoxide **(§)**	• dicyclomine • homatropine (excludes ophthalmic)	• hyoscyamine • scopolamine (excludes ophthalmic)
Antiemetic Medications		
• prochlorperazine	• promethazine	

+Includes combination products that contain a target medication listed and the following routes of administration: buccal, nasal, oral, transdermal, rectal, and sublingual. Injectable and inhalation routes of administration are not included (not able to accurately estimate days' supply needed for measure logic). For combination products that contain more than one target medication, each target medication (active ingredient) should be considered independently

*Source: Medications in this table are from Table 7. Drugs with Strong Anticholinergic Properties of the American Geriatrics Society 2023 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.

Δ There are no active NDCs for dimenhydrinate.

(†) During the individual's measurement year, calculate a daily dose for each fill of doxepin with the following formula: (quantity dispensed x dose)/days' supply. For both denominator and numerator calculation, only include prescription claims for doxepin where the daily dose is >6 mg/day.

(§) Chlordiazepoxide is not a target medication as a single drug.

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Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR)

Weight = Display

Percent of Medication Therapy Management (MTM) program enrollees 18 years or older who received a Comprehensive Medication Review (CMR) during the reporting period (2025)

Event: Number of beneficiaries who were at least 18 years or older as of the beginning of the reporting period and who were enrolled in the MTM program for at least 60 days during the reporting period. Only those beneficiaries who meet the contracts' specified targeting criteria per CMS – Part D requirements of the regulations at any time in the reporting period are included in this measure. The date of enrollment is counted towards the 60 days, but the opt-out date is not.

To be eligible for MTM, patients must:

- Have three of five chronic diseases: hypertension, chronic heart failure, osteoarthritis, asthma or schizophrenia; **and**
- Be taking a minimum of eight Part D drugs; **and**
- Have anticipated drug costs totaling more than $4,935 per year

Exclude individuals in hospice care at any time during the measurement year (2025), and enrolled in the contract's MTM program for less than 60 days and did not receive a CMR within this timeframe

Note: MTM Program Completion Rate for CMR moved to display for measurement year 2025 and measurement year 2026. Will return to Star Ratings as new measure in measurement year 2027.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The **Consumer Assessment of Healthcare Providers and Systems (CAHPS®)** is an annual survey administered by a CMS-approved vendor to evaluate the healthcare experiences of Medicare Advantage (MA) plan members. The survey captures patients' perceptions of care received from physicians, specialists, and their MA plan.

CAHPS results are a key component of the CMS Star Ratings and are publicly reported in the “Medicare & You” handbook and on the Medicare.gov website. The data collected reflects patient experience from the prior year, with the ***survey conducted between February and June of the following measurement year (MY2025 CAHPS survey is conducted in 2026 calendar year).*** There are approximately 66 CAHPS questions.

Nine specific CAHPS domains are included in the Star Ratings calculation. Of these, the top five are directly related to interactions with healthcare providers, while the remaining four measure the patient's experience with their Medicare Advantage plan.

Important Note:
There are no exclusions for CAHPS measures—all members who are selected to participate in the survey are included in the scoring.

CAHPS®	Weight	
Annual Flu Vaccine (FLU)	1	Member experience with the Providers
Getting Needed Care (GNC)	2	
Getting Appointments and Care Quickly (GACQ)	2	
Care Coordination (CC)	2	
Rating of Health Care Quality (RHCQ)	2	
Customer Service (CS)	2	Member experience with the Health Plan
Rating of Health Plan (RHP)	2	
Getting Needed Prescription Drugs (GNRx)	2	
Rating of Drug Plan (RDP)	2	

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)

Annual Flu Vaccine (FLU)

Weight = 1

Assess the percentage of plan members who report receiving a flu vaccine in response to the survey question.

Member survey question

✓ *Have you had a flu shot since July 1, 2025?*
Answer choices: *Yes, No, Don't know*

Promoting Annual Flu Vaccination in Your Practice
Encouraging patients to receive their annual flu vaccination is a vital part of preventive care, especially during flu season. Consistent messaging and proactive outreach can help improve vaccination rates and protect vulnerable populations.

Best Practices to Promote Influenza Vaccination

- **Emphasize the importance of vaccination** to all patients as part of routine preventive care. Widespread immunization contributes to herd immunity, helping protect those who are most at risk.
- **Incorporate flu vaccine reminders** into regularly scheduled appointments during flu season. A simple conversation can lead to increased vaccine acceptance.
- **Proactively identify and reach out to high-risk patients** with personalized reminders. Consider prioritizing individuals who may be at greater risk of flu-related complications, such as:
    - Adults aged 65 and older
    - Patients with chronic cardiovascular or respiratory conditions
    - Individuals undergoing cancer treatment or cancer survivors
    - Patients with diabetes or other immuno-compromising conditions
- **Educate front-desk and scheduling staff** about available flu vaccine resources within the community so they can guide patients accordingly.
- **Promote convenience** by encouraging patients to get vaccinated at accessible locations such as local pharmacies, if an in-office appointment is not feasible.

Important Note: For the **HEDIS® Influenza Immunization Status** measure, please ensure that **vaccine encounters for members who received the influenza vaccine at your clinic** are properly submitted using the appropriate vaccines CPT codes (90630, 90653, 90654, 90656, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756).

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)

Getting Needed Care (GNC)

Weight = 2

Assess how ***easy*** it is for members to get needed care, including care from specialists

Member survey questions:

✓ *In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?*
Answer choices: *Never, Sometimes, Usually, Always*

✓ *In the last 6 months, how often was it easy to get the care, tests or treatment you needed?*
Answer choices: *Never, Sometimes, Usually, Always*

Best practices for Getting Needed Care

- **Use Appointment Reminder Cards:** Provide patients with reminder cards for specialist appointments to reinforce that your office assisted with the scheduling.

- **Provide Contact Information if Scheduling Isn't Possible:** If the appointment cannot be scheduled on-site, give the patient the specialist's name and phone number to facilitate timely follow-up.

- **Schedule Specialist Appointments Before the Patient Leaves:** Whenever possible, arrange follow-up appointments with specialists during the patient's visit to your office.

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)

Getting Appointments and Care Quickly (GACQ)

Weight = 2

Assess how ***quickly*** members get appointments and care.

Member survey questions:

✓ *In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?*
Answer choices: *Never, Sometimes, Usually, Always*

✓ *In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?*
Answer choices: *Never, Sometimes, Usually, Always*

Best practices for Getting **Appointments and Care Quickly**

- **Proactively Engage Patients About Annual Visits:** Reach out to patients who haven't yet scheduled their annual exams to encourage earlier booking and prevent end-of-year bottlenecks.

- **Avoid Overscheduling:** Limit overbooking, when possible, to reduce delays and maintain a smooth patient flow.

- **Recommend Off-Peak Appointment Times:** Suggest that patients book appointments during less busy hours and arrive a few minutes early to complete any necessary forms.

- **Schedule Follow-ups and Provide Discharge Summaries During the Visit:** Whenever feasible, schedule follow-up appointments and deliver discharge instructions in the exam room before the patient leaves.

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)

Care Coordination (CC)

Weight = 2

Assess how ***well*** the members' care is coordinated. (This includes whether doctors had the records and information they needed about members' care and how quickly members got their test results.)

Member survey questions:

- ✓ *In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care?*
  Answer choices: *Never, Sometimes, Usually, Always*

- ✓ *In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?*
  Answer choices: *Never, Sometimes, Usually, Always*

- ✓ *In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?*
  Answer choices: *Never, Sometimes, Usually, Always*

- ✓ *In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?*
  Answer choices: *Never, Sometimes, Usually, Always*

- ✓ *In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?*
  Answer choices: *Yes, No*

- ✓ *In the last 6 months, how often did your personal doctor seem informed and up-to- date about the care you got from specialists?*
  Answer choices: *Never, Sometimes, Usually, Always*

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)

Rating of Healthcare Quality (RHCQ)

Weight = 2

Assesses members' view of the quality of the healthcare they received.

Member survey questions:

- ✓ *Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?*
  Answer choices: *0 Worst health care possible; 10 Best health care possible*

Best practices for Getting **Appointments and Care Quickly**

- **Ensure Patient Understanding:** Take time to confirm that patients fully understand:
  - Their personalized care plan
  - Services that have been performed or recommended
  - How to manage chronic conditions effectively
  - When and how to take their medications properly

- **Solicit Patient Feedback:** Ask open-ended questions to understand how patients perceive the care they receive from your practice, specialists, and other healthcare providers.

- **Use Feedback to Guide Improvements:** Discuss their input and explore ways to enhance their overall healthcare experience.

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)

Customer Service (CS)

Weight = 2

Assesses how easy it is for members to get information and help from the plan when needed

Member survey questions:

- ✓ *In the last 6 months, how often did your health plan's customer service give you the information or help you needed?*
  Answer choices: *Never, Sometimes, Usually, Always*

- ✓ *In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect?*
  Answer choices: *Never, Sometimes, Usually, Always*

- ✓ *In the last 6 months, how often were the forms from your health plan easy to fill out?*
  Answer choices: *Never, Sometimes, Usually, Always*

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)

Rating of Health Plan (RHP)

Weight = 2

Assesses members' view of the health plan they received.

- ✓ *Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?*
  Answer choices: *0 Worst health plan possible; 10 Best health plan possible.*

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)

Getting Needed Prescription Drugs (GNRx)

Weight = 2

Assesses how easy it is for members to get the prescription drugs they need using the plan.

Member survey questions:

- ✓ *In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?*
  Answer choices: *Never, Sometimes, Usually, Always, I did not use my prescription drug plan to get any medicines in the last 6 months.*

- ✓ *In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?*
  Answer choices: *Yes, No*

- ✓ *In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?*
  Answer choices: *Never, Sometimes, Usually, Always*

Best practices for Getting **Needed Prescription Drugs**

- **Coordinate with Pharmacists**
  - Maintain open communication with pharmacists, especially for:
  - Drug interactions
  - Alternative meds if the prescribed one is too expensive or unavailable
  - Patient counseling
- **Advocate and Help Navigate Access**
  - Direct patients to:
  - Patient assistance programs (PAPs)
  - Consider connecting with a case manager or social worker if available
- **Choose Cost-Effective Options**
  - **Prescribe generics** when appropriate, they improve access and adherence.
  - **Use combination meds** (if cheaper or easier) for chronic disease management (e.g., diabetes, hypertension).
  - Be aware of insurance formularies and tiered pricing.
- **Use E-Prescribing and Refill Tools**
  - Improves safety (fewer transcription errors) and speeds up fulfillment.
  - Set up appropriate refills, especially for chronic meds (30- or 90-day supplies).

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS®)

Rating of Drug Plan (RDP)

Weight = 2

Assesses members' view of the prescription drug plan they received.

Member survey questions:

- ✓ Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan
  Answer choices: *0 Worst prescription drug plan possible; 10 Best prescription drug plan possible.*

Health Outcomes Survey (HOS)

The **Health Outcomes Survey (HOS)** is a yearly questionnaire completed by patients enrolled in Medicare Advantage plans. It is administered by a third-party vendor under contract with the Centers for Medicare & Medicaid Services (CMS). There are approximately 54 HOS questions.

The primary purpose of the survey is to collect accurate and reliable information about patients' health status, which supports quality improvement initiatives, public reporting, and accountability of Medicare Advantage Organizations, as well as efforts to enhance health outcomes.

The survey includes questions about physical and mental health, chronic conditions, daily functioning (such as ability to perform everyday activities), clinical indicators, and other aspects of health. It is **conducted each year between August and November.**

HOS	ABBR	Weight
Improving Bladder Control	MUI	1
Improving or Maintaining Mental Health	IMMH	3
Improving or Maintaining Physical Health	IMPH	3
Monitoring Physical Activity	MPA	1
Reducing the Risk of Falling	FRM	1

HEALTH OUTCOMES SURVEY (HOS)

Improving Bladder Control (MUI)

Weight = 1

Management of Urinary Incontinence in Older Adults (MUI)

Member survey questions:

- ✓ HOS Survey Question 33: Many people experience leaking of urine, also called urinary incontinence. I**n the past six months, have you experienced leaking of urine?** *If yes,* then

- ✓ HOS Survey Question 36: There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. ***Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches****?*
  Answer choices: *Yes, No*

Exclusions:

- Hospice

Best practices for Management of Urinary Incontinence in Older Adults:

- Discuss bladder control issues and symptoms with your older patients, including during telehealth visits.
- Assist patients in determining the right bladder control product for their size, lifestyle and severity of condition.
- Determine if exercise or other treatment options, such as medications or surgery, may help.
- If surgery is needed, refer patients to a specialist to follow through on the care plan.

HEALTH OUTCOMES SURVEY (HOS)

Improving or Maintaining Mental Health (IMMH)

Weight = 3

Assesses the percentage of sampled Medicare enrollees 65 years of age or older whose mental health status was the same or better than expected.

Member survey questions:

- ✓ **HOS Survey Question 4a:** During the **past 4 weeks**, have you **accomplished less** than you would like **as a result of any emotional problems** such as feeling depressed or anxious?
  - ***Answer choices:*** Yes, No.

- ✓ **HOS Survey Question 4b:** During the **past 4 weeks**, have you not **done work or other activities** as carefully as usual **as a result of any emotional problems**?
  - ***Answer choices:*** Yes, No. If "**YES**", then How often? A little time, Some of the time, Most of the time, All of the time.

- ✓ **HOS Survey Question 6a:** How much of the time during the **past 4 weeks** have you felt calm and peaceful?
  - ***Answer choices:*** All the time, most of the time, a good bit of the time, some of the time, a little of the time, none of the time.

- ✓ **HOS Survey Question 6b:** How much of the time during the **past 4 weeks** did you have a lot of energy?
  - ***Answer choices:*** All the time, most of the time, a good bit of the time, some of the time, a little of the time, none of the time.

- ✓ **HOS Survey Question 6c:** How much of the time during the **past 4 weeks** have you felt downhearted and blue?
  - ***Answer choices:*** All the time, most of the time, a good bit of the time, some of the time, a little of the time, none of the time.

- ✓ **HOS Survey Question 7:** During the **past 4 weeks,** how much of the time has your **physical health or emotional problems** interfered with your social activities, like visiting with friends or relatives? Has it interfered:
  - ***Answer choices:*** All the time, most of the time, a good bit of the time, some of the time, a little of the time, none of the time.

Best practices for improving or maintaining mental health:

- Take time to listen to patients' experiences, and when appropriate, recommend lifestyle changes, supportive activities, or medication to support their mental wellness.
- Talk with patients about their emotional and mental well-being, emphasizing that mental health is a vital part of overall health, equally important as physical health. Aim to include these conversations in every visit, including virtual appointments.
- Use the PHQ-2 and PHQ-9 screening tools to evaluate patients' mental health.
- Offer printed or digital information on mental health and point patients to helpful local services or support groups.

HEALTH OUTCOMES SURVEY (HOS)

Improving or Maintaining Physical Health (IMPH)

Weight = 3

Assesses the percentage of sampled Medicare enrollees 65 years of age or older whose physical health status was the same or better than expected.

Member survey questions:

- ✓ **HOS Survey Question 1:** In general, would you say your health is:
  - ***Answer choices:*** Excellent, very good, good, fair, poor.

- ✓ **HOS Survey Question 2a:** Now I am going to read you a list of activities that you might do during a typical day. Please tell me if **your health now limits you** a lot, limits you a little, or does not limit you at all in these activities.

  What about **moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Because of your health, are you limited a lot, limited a little, or not limited at all in these activities?
  - ***Answer choices:*** Limited a lot, limited a little, not limited at all.

- ✓ **HOS Survey Question 2b:** What about climbing **several** flights of stairs? Because of your health, are you limited a lot,limited a little, or not limited at all in this activity?
  - ***Answer choices:*** Limited a lot, limited a little, not limited at all.

- ✓ **HOS Survey Question 3a:** The next questions ask about your activities over the past four weeks. During the **past 4 weeks**, have you **accomplished less** than you would like **as a result of your physical health**?
  - ***Answer choices:*** Yes, No. If "YES", then How often? A little of the time, Some of the time, Most of the time, All of the time.

- ✓ **HOS Survey Question 3b:** During the **past 4 weeks**, were you limited in the **kind** of work or other regular daily activities you do **as a result of your physical health**?
  - ***Answer choices:*** Yes, No. If "YES", then How often? A little of the time, Some of the time, Most of the time, All of the time.

- ✓ **HOS Survey Question 5:** During the **past 4 weeks**, how much did **pain** interfere with your normal work, including both work outside the home and housework? Did it interfere:
  - ***Answer choices:*** Not at all, a little bit, moderately, quite a bit, extremely.

Best practices for improving or maintaining physical health:

- Identify and recommend an appropriate exercise or physical therapy regimen tailored to the patient's abilities and health goals.
- Complete a thorough pain assessment to determine the need for a pain management strategy or treatment plan.
- Communicate personalized health recommendations clearly, ensuring patients understand the guidance provided based on their specific risk factors.
- Create a proactive plan for preventive screenings and services aimed at supporting the management of chronic conditions.
- Conduct a comprehensive annual physical exam to evaluate each patient's overall health status.

HEALTH OUTCOMES SURVEY (HOS)

Monitoring Physical Activity (MPA)

Weight = 1

Assesses the percentage of sampled Medicare enrollees 65 years of age or older who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year.

Member survey questions:

- ✓ **HOS Survey Question 37:** In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.
  - ***Answer choices:*** Yes, No, I had no visits in the past 12 months

- ✓ **HOS Survey Question 38:** In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.
  - ***Answer choices:*** Yes, No

Exclusions:

- Members who responded "I had no visits in the past 12 months" to Question 37
- Hospice

Best practices for monitoring physical activity:

- Document any suggested exercises, along with how often and how long they should be done, in the after-visit summary.
- Discuss with patients how regular physical activity can enhance their well-being and potentially extend their lifespan.
- Assessing whether starting, continuing, or increasing physical activity is suitable for each patient, considering their overall health status.
- Utilize physical activity prescription pads to formally recommend an exercise plan.

HEALTH OUTCOMES SURVEY (HOS)

Reducing the Risk of Falling (FRM)

Weight = 1

Assesses the percentage of sampled Medicare members 65 years of age or older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner.

Member survey questions:

- ✓ **HOS Survey Question 39:** A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking?
  - ***Answer choices:*** Yes, No, I had no visits in the past 12 months

- ✓ **HOS Survey Question 40:** Did you fall in the **past 12 months**?
  - ***Answer choices:*** Yes, No

- ✓ **HOS Survey Question 41:** **In** the **past 12 months**, have you had a problem with balance or walking?
  - ***Answer choices:*** Yes, No

- ✓ **HOS Survey Question 42:** Has your doctor or other health provider done any of the following to help prevent falls or treat problems with balance or walking?
  - Suggest that you do an exercise or physical therapy program?
  - Suggest a vision or hearing test?
  - Has your doctor or other health provider done anything else to help prevent falls or treat problems with balance or walking?
  - ***Answer choices:*** Yes, No

Exclusions:

- Members who responded "I had no visits in the past 12 months" to Question 39
- Hospice

Best practices for reducing the risk of falling:

- Remind patients with Solis coverage that they can use their over the counter (OTC) benefits and the Pharmacy OTC catalog to get helpful items like walking aids or night lights.
- Encourage patients to openly talk about any fear of falling or sense of imbalance, and make it a routine part of every visit, including telehealth appointments.
- Utilize and promote the CDC's "Stopping Elderly Accidents, Deaths and Injuries" (STEADI) online training and resources to support fall prevention efforts.
- Evaluate each patient's fall risk and provide guidance or tools that can help minimize hazards, such as suggesting more stable footwear.

HEDIS MY 2025 Value Set Directory				
Measure Description	**Value Set Name**	**Procedure Code**	**Definition**	**Code System**
Care for Older Adults - Functional Status	COA-Functional Status Assessment	1170F	Functional status assessed (COA)	CPT-CAT-II
Care for Older Adults - Medication Review	COA-Medication Review	1159F 1160F	Medication list documented in medical record (COA) 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) *Both CPT codes must be submitted for compliance**	CPT-CAT-II
Eye Exam for Patients with Diabetes	Eye Exam Without Evidence of Retinopathy	2023F	Retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	CPT-CAT-II
Eye Exam for Patients with Diabetes	Eye Exam Without Evidence of Retinopathy	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	CPT-CAT-II
Eye Exam for Patients with Diabetes	Eye Exam Without 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 (DM)	CPT-CAT-II
Direct Reference Code	Direct Reference Code	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (2024)	CPT-CAT-II
Glycemic Status Assessment for Patients with Diabetes ~ Glycemic Status <8.0%	HbA1c Level Less Than 8.0	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	CPT-CAT-II

HEDIS MY 2025 Value Set Directory

Measure Description	Value Set Name	Procedure Code	Definition	Code System
Glycemic Status Assessment for Patients with Diabetes ~ Glycemic Status <8.0%	HbA1c Level Less Than 8.0	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	CPT-CAT-II
Glycemic Status Assessment for Patients with Diabetes ~ Glycemic Status <=9.0%	HbA1c Level Less Than or Equal To 9.0	3052F	Most recent hemoglobin A1c level greater than or equal to 8.0% and less than or equal to 9.0%	CPT-CAT-II
Controlling Blood Pressure/Blood Pressure Control for Patients with Diabetes	Systolic Blood Pressure	3074F	Most recent systolic blood pressure less than 130 mm Hg	CPT-CAT-II
Controlling Blood Pressure/Blood Pressure Control for Patients with Diabetes	Systolic Blood Pressure	3075F	Most recent systolic blood pressure 130-139 mm Hg	CPT-CAT-II
Controlling Blood Pressure/Blood Pressure Control for Patients with Diabetes	Diastolic Blood Pressure	3078F	Most recent diastolic blood pressure less than 80 mm Hg	CPT-CAT-II
Controlling Blood Pressure/Blood Pressure Control for Patients with Diabetes	Diastolic Blood Pressure	3079F	Most recent diastolic blood pressure 80-89 mm Hg	CPT-CAT-II
Kidney Health Evaluation for Patients with Diabetes	Estimated Glomerular Filtration Rate Lab Test	80047 80048 80050 80053 80069 82565	Assess 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.	CPT-CAT-II
	Quantitative Urine Albumin Lab Test **AND** Urine Creatinine Lab Test *Both CPT codes must be submitted for compliance** OR Urine Albumin/Creatinine Ratio	82043 82570 9318-7		CPT-CAT-II CPT-CAT-II LOINC

HEDIS MY 2025 Value Set Directory				
Measure Description	**Value Set Name**	**Procedure Code**	**Definition**	**Code System**
Medication Reconciliation Post Discharge	Medication Reconciliation Post Discharge	1111F	Discharge medications reconciled with the current medication list in outpatient medical record	CPT-CAT-II
MEASURES: - CARE FOR OLDER ADULTS - Controlling High Blood Pressure - Follow Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions - Transitions of Care	Telephone Visit	99441 99442 98966 98967 98968	**99441**- Telephone Evaluation and Management Service by a healthcare professional, covering a 5-10 minutes medical discussion with an established patient via phone call. **99442**- Telephone Evaluation and Management Service by a healthcare professional, covering a 11-20 minutes medical discussion with an established patient via phone call. **9943**- Telephone Evaluation and Management Service by a healthcare professional, covering 11-20 minutes. **98966**- Telephone Assessment and Management Service provided by a qualified non-physician healthcare professional to an established patient, parent, or guardian, involving a medical discussion lasting between 5-10 minutes. **98967**- Telephone Assessment and Management Service provided by a qualified non-physician healthcare professional to an established patient, parent, or guardian, involving a phone	

HEDIS MY 2025 Value Set Directory				
Measure Description	**Value Set Name**	**Procedure Code**	**Definition**	**Code System**
			conversation lasting between 11-20 minutes. **98968** -Telephone Assessment and Management Service provided by a qualified non-physician healthcare professional to an established patient, parent, or guardian, involving a phone conversation lasting between 21-30 minutes.	

HEDIS MY 2025 Service Codes			
Service	**Code**	**Definition**	**Code System**
Outpatient POS	7	Prison/Correctional Facility	POS
Outpatient POS	11	Office	POS
Outpatient POS	12	Home	POS
Outpatient POS	13	Assisted Living Facility	POS
Outpatient POS	33	Custodial Care Facility	POS
Outpatient	98000		CPT
Outpatient	98001		CPT
Outpatient	98002		CPT
Outpatient	98003		CPT
Outpatient	98004		CPT
Outpatient	98005		CPT
Outpatient	98006		CPT
Outpatient	98007		CPT
Outpatient	99202		CPT
Outpatient	99202		CPT
Outpatient	99203		CPT
Outpatient	99203		CPT
Outpatient	99204		CPT
Outpatient	99205		CPT
Outpatient	99211		CPT
Outpatient	99212		CPT
Outpatient	99213		CPT
Outpatient	99214		CPT
Outpatient	99215		CPT
Outpatient	99242		CPT
Outpatient	99243		CPT
Outpatient	99244		CPT
Outpatient	99245		CPT
Outpatient	99341		CPT

HEDIS MY 2025 Service Codes			
Service	**Code**	**Definition**	**Code System**
Outpatient	99342		CPT
Outpatient	99344		CPT
Outpatient	99345		CPT
Outpatient	99345		CPT
Outpatient	99347		CPT
Outpatient	99347		CPT
Outpatient	99348		CPT
Outpatient	99349		CPT
Outpatient	99349		CPT
Outpatient	99350		CPT
Outpatient	99381		CPT
Outpatient	99382		CPT
Outpatient	99383		CPT
Outpatient	99384		CPT
Outpatient	99385		CPT
Outpatient	99386		CPT
Outpatient	99387		CPT
Outpatient	99391		CPT
Outpatient	99392		CPT
Outpatient	99393		CPT
Outpatient	99394		CPT
Outpatient	99395		CPT
Outpatient	99396		CPT
Outpatient	99397		CPT
Outpatient	99401		CPT
Outpatient	99402		CPT
Outpatient	99403		CPT
Outpatient	99404		CPT
Outpatient	99411		CPT

HEDIS MY 2025 Service Codes			
Service	**Code**	**Definition**	**Code System**
Outpatient	99412		CPT
Outpatient	99429		CPT
Outpatient	99455		CPT
Outpatient	99456		CPT
Outpatient	99483		CPT
Outpatient	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment (G0402)	HCPCS
Outpatient	G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit (G0438)	HCPCS
Outpatient	G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit (G0439)	HCPCS
Outpatient	G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit (G0439)	HCPCS
Outpatient	G0463	Hospital outpatient clinic visit for assessment and management of a patient (G0463)	HCPCS
Outpatient	T1015	Clinic visit/encounter, all-inclusive (T1015)	HCPCS
Outpatient	99204		CPT
Outpatient	99205		CPT
Outpatient	99211		CPT

HEDIS MY 2025 Service Codes			
Service	**Code**	**Definition**	**Code System**
Outpatient	99212		CPT
Outpatient	99213		CPT
Outpatient	99214		CPT
Outpatient	99215		CPT
Outpatient	99242		CPT
Outpatient	99243		CPT
Outpatient	99244		CPT
Outpatient	99245		CPT
Outpatient	99341		CPT
Outpatient	99342		CPT
Outpatient	99344		CPT
Outpatient	99348		CPT
Outpatient	99350		CPT
Outpatient	99381		CPT
Outpatient	99382		CPT
Outpatient	99383		CPT
Outpatient	99384		CPT
Outpatient	99385		CPT
Outpatient	99386		CPT
Outpatient	99387		CPT
Outpatient	99391		CPT
Outpatient	99392		CPT
Outpatient	99393		CPT
Outpatient	99394		CPT
Outpatient	99395		CPT
Outpatient	99396		CPT
Outpatient	99397		CPT
Outpatient	99401		CPT
Outpatient	99402		CPT

HEDIS MY 2025 Service Codes			
Service	**Code**	**Definition**	**Code System**
Outpatient	99403		CPT
Outpatient	99404		CPT
Outpatient	99411		CPT
Outpatient	99412		CPT
Outpatient	99429		CPT
Outpatient	G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit (G0438)	HCPCS
Telehealth	98000	Synchronous audio-video Evaluation and Management (E/M) services provided via telemedicine to new patients.	CPT
Telehealth	98001	Synchronous audio-only evaluation and management services for a new patient, requiring a medically appropriate history and low medical decision making.	CPT
Telehealth	98002	Evaluation and management (E/M) services provided via synchronous audio-video technology for a new patient	CPT
Telehealth	98003	New patient, synchronous audio-video Evaluation and Management (E/M) service code	CPT
Telehealth	98004	Synchronous audio-video evaluation and management services for an established patient	CPT

HEDIS MY 2025 Service Codes			
Service	**Code**	**Definition**	**Code System**
Telehealth	98005	Synchronous audio-video evaluation and management services for an established patient, requiring medically appropriate history and/or examination and low medical decision-making	CPT
Telehealth	98006	Synchronous audio-video visit for the evaluation and management of an established patient	CPT
Telehealth	98007	Synchronous audio-video evaluation and management visit for an established patient	CPT
Telehealth	98008	Synchronous audio-only evaluation and management service for a new patient	CPT
Telehealth	98009	Synchronous audio-only evaluation and management visit for a new patient.	CPT
Telehealth	98010	Synchronous audio-only Evaluation and Management (E/M) service provided to a new patient.	CPT
Telehealth	98011	New patient, evaluation and management service delivered via synchronous audio-only technology	CPT
Telehealth	98012	Synchronous audio-only Evaluation and Management (E/M) service for an established patient	CPT

HEDIS MY 2025 Service Codes			
Service	**Code**	**Definition**	**Code System**
Telehealth	98013	synchronous audio-only visit for the evaluation and management of an established patient, requiring a medically appropriate history and/or examination, low medical decision-making, and more than 10 minutes of medical discussion	CPT
Telehealth	98014	Synchronous audio-only visit for the evaluation and management of an established patient, requiring moderate medical decision-making and more than 10 minutes of medical discussion.	CPT
Telehealth	98015	Synchronous audio-only evaluation and management (E/M) visit for an established patient, requiring a medically appropriate history and/or examination, high medical decision-making, and more than 10 minutes of medical discussion	CPT
Telehealth	98016	Brief virtual check-in by a physician or other qualified healthcare professional with an established patient	CPT
Telehealth	98980		CPT
Telehealth	98981		CPT

HEDIS MY 2025 Service Codes			
Service	**Code**	**Definition**	**Code System**
Telehealth	G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only (G0071)	HCPCS
Telehealth	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment (G0402)	HCPCS
Telephone Visits	98008		CPT
Telephone Visits	98009		CPT
Telephone Visits	98010		CPT
Telephone Visits	98011		CPT
Telephone Visits	98012		CPT
Telephone Visits	98013		CPT
Telephone Visits	98014		CPT
Telephone Visits	98015		CPT

HEDIS MY 2025 Service Codes			
Service	**Code**	**Definition**	**Code System**
Telephone Visits	98966	Non-physician healthcare professionals to bill for telephone assessment and management services. Specifically, it's for a call lasting between 5 and 10 minutes, related to an established patient, parent, or guardian. These calls are typically used for non-urgent issues, like medication adjustments or chronic disease management.	CPT
Telephone Visits	98966		CPT
Telephone Visits	98967	Telephone assessment and management services provided by a qualified nonphysician healthcare professional to an established patient, parent, or guardian	CPT
Telephone Visits	98967		CPT
Telephone Visits	98968		CPT
Telephone Visits	98968		CPT
Telephone Visits	99441		CPT
Telephone Visits	99441		CPT
Telephone Visits	99442		CPT
Telephone Visits	99443		CPT
Transitional Care Management Services	99495		CPT
Transitional Care Management Services	99496		CPT

This document serves as a reference guide only and does not include all HEDIS MY2025 service codes.

Advanced Illness

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded

Advanced illness during the measurement year or the year prior to the measurement year **on two different dates of service.**

ICD-10 CM Code	Description
A81.00	Creutzfeldt-Jakob disease, unspecified
A81.01	Variant Creutzfeldt-Jakob disease
A81.09	Other Creutzfeldt-Jakob disease
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs

Advanced Illness

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded

Advanced illness during the measurement year or the year prior to the measurement year **on two different dates of service.**

ICD-10 CM Code	Description
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.63	Secondary malignant neoplasm of bilateral ovaries
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.02	Acute lymphoblastic leukemia, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.02	Acute myeloblastic leukemia, in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse

Advanced Illness

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded

Advanced illness during the measurement year or the year prior to the measurement year **on two different dates of service.**

ICD-10 CM Code	Description
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z2	Other monocytic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.32	Mast cell leukemia, in relapse
F01.50	Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.511	Vascular dementia, unspecified severity, with agitation
F01.518	Vascular dementia, unspecified severity, with other behavioral disturbance
F01.52	Vascular dementia, unspecified severity, with psychotic disturbance
F01.53	Vascular dementia, unspecified severity, with mood disturbance
F01.54	Vascular dementia, unspecified severity, with anxiety
F01.A0	Vascular dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.A11	Vascular dementia, mild, with agitation
F01.A18	Vascular dementia, mild, with other behavioral disturbance
F01.A2	Vascular dementia, mild, with psychotic disturbance
F01.A3	Vascular dementia, mild, with mood disturbance
F01.A4	Vascular dementia, mild, with anxiety
F01.B0	Vascular dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.B11	Vascular dementia, moderate, with agitation
F01.B18	Vascular dementia, moderate, with other behavioral disturbance
F01.B2	Vascular dementia, moderate, with psychotic disturbance
F01.B3	Vascular dementia, moderate, with mood disturbance
F01.B4	Vascular dementia, moderate, with anxiety
F01.C0	Vascular dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.C11	Vascular dementia, severe, with agitation
F01.C18	Vascular dementia, severe, with other behavioral disturbance
F01.C2	Vascular dementia, severe, with psychotic disturbance
F01.C3	Vascular dementia, severe, with mood disturbance
F01.C4	Vascular dementia, severe, with anxiety
F02.80	Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.811	Dementia in other diseases classified elsewhere, unspecified severity, with agitation

Advanced Illness

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded

Advanced illness during the measurement year or the year prior to the measurement year **on two different dates of service.**

ICD-10 CM Code	Description
F02.818	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance
F02.82	Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance
F02.83	Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance
F02.84	Dementia in other diseases classified elsewhere, unspecified severity, with anxiety
F02.A0	Dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.A11	Dementia in other diseases classified elsewhere, mild, with agitation
F02.A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
F02.A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance
F02.A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
F02.A4	Dementia in other diseases classified elsewhere, mild, with anxiety
F02.B0	Dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.B11	Dementia in other diseases classified elsewhere, moderate, with agitation
F02.B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
F02.B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
F02.B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
F02.B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
F02.C0	Dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.C11	Dementia in other diseases classified elsewhere, severe, with agitation
F02.C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
F02.C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
F02.C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
F02.C4	Dementia in other diseases classified elsewhere, severe, with anxiety
F03.90	Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance

Advanced Illness

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded

Advanced illness during the measurement year or the year prior to the measurement year **on two different dates of service.**

ICD-10 CM Code	Description
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A0	Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B0	Unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C0	Unspecified dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
F04	Amnestic disorder due to known physiological condition
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
G10	Huntington's disease
G12.21	Amyotrophic lateral sclerosis
G20.A1	Parkinson's disease without dyskinesia, without mention of fluctuations
G20.A2	Parkinson's disease without dyskinesia, with fluctuations
G20.B1	Parkinson's disease with dyskinesia, without mention of fluctuations
G20.B2	Parkinson's disease with dyskinesia, with fluctuations
G20.C	Parkinsonism, unspecified
G30.0	Alzheimer's disease with early onset

Advanced Illness

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded

Advanced illness during the measurement year or the year prior to the measurement year **on two different dates of service.**

ICD-10 CM Code	Description
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.01	Pick's disease
G31.09	Other frontotemporal neurocognitive disorder
G31.83	Neurocognitive disorder with Lewy bodies
G35	Multiple sclerosis
I09.81	Rheumatic heart failure
I11.0	Hypertensive heart disease with heart failure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure

Advanced Illness

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded

Advanced illness during the measurement year or the year prior to the measurement year **on two different dates of service.**

ICD-10 CM Code	Description
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J43.9	Emphysema, unspecified
J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors
J84.10	Pulmonary fibrosis, unspecified
J84.112	Idiopathic pulmonary fibrosis
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.11	Chronic respiratory failure with hypoxia
J96.12	Chronic respiratory failure with hypercapnia
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.21	Acute and chronic respiratory failure with hypoxia
J96.22	Acute and chronic respiratory failure with hypercapnia
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia
J96.91	Respiratory failure, unspecified with hypoxia
J96.92	Respiratory failure, unspecified with hypercapnia
J98.2	Interstitial emphysema
J98.3	Compensatory emphysema
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K70.40	Alcoholic hepatic failure without coma
K70.41	Alcoholic hepatic failure with coma
K70.9	Alcoholic liver disease, unspecified
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.1	Hepatic sclerosis

Advanced Illness

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded

Advanced illness during the measurement year or the year prior to the measurement year **on two different dates of service.**

ICD-10 CM Code	Description
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip (E0100)	HCPCS
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (E0105)	HCPCS
E0130	Walker, rigid (pickup), adjustable or fixed height (E0130)	HCPCS
E0135	Walker, folding (pickup), adjustable or fixed height (E0135)	HCPCS
E0140	Walker, with trunk support, adjustable or fixed height, any type (E0140)	HCPCS
E0141	Walker, rigid, wheeled, adjustable or fixed height (E0141)	HCPCS
E0143	Walker, folding, wheeled, adjustable or fixed height (E0143)	HCPCS
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat (E0144)	HCPCS
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance (E0147)	HCPCS
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each (E0148)	HCPCS
E0149	Walker, heavy duty, wheeled, rigid or folding, any type (E0149)	HCPCS
E0163	Commode chair, mobile or stationary, with fixed arms (E0163)	HCPCS
E0165	Commode chair, mobile or stationary, with detachable arms (E0165)	HCPCS
E0167	Pail or pan for use with commode chair, replacement only (E0167)	HCPCS
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (E0168)	HCPCS
E0170	Commode chair with integrated seat lift mechanism, electric, any type (E0170)	HCPCS
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type (E0171)	HCPCS
E0250	Hospital bed, fixed height, with any type side rails, with mattress (E0250)	HCPCS
E0251	Hospital bed, fixed height, with any type side rails, without mattress (E0251)	HCPCS
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (E0255)	HCPCS
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (E0256)	HCPCS
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (E0260)	HCPCS
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (E0261)	HCPCS
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (E0265)	HCPCS
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (E0266)	HCPCS
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress (E0270)	HCPCS

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
E0290	Hospital bed, fixed height, without side rails, with mattress (E0290)	HCPCS
E0291	Hospital bed, fixed height, without side rails, without mattress (E0291)	HCPCS
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress (E0292)	HCPCS
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress (E0293)	HCPCS
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (E0294)	HCPCS
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (E0295)	HCPCS
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (E0296)	HCPCS
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (E0297)	HCPCS
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (E0301)	HCPCS
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (E0302)	HCPCS
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (E0303)	HCPCS
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (E0304)	HCPCS
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (E0424)	HCPCS
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (E0425)	HCPCS
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing (E0430)	HCPCS
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (E0431)	HCPCS
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge (E0433)	HCPCS
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing (E0434)	HCPCS

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor (E0435)	HCPCS
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (E0439)	HCPCS
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (E0440)	HCPCS
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit (E0441)	HCPCS
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit (E0442)	HCPCS
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit (E0443)	HCPCS
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit (E0444)	HCPCS
E0462	Rocking bed with or without side rails (E0462)	HCPCS
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) (E0465)	HCPCS
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) (E0466)	HCPCS
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (E0470)	HCPCS
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (E0471)	HCPCS
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (E0472)	HCPCS
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (E1130)	HCPCS
E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests (E1140)	HCPCS
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (E1150)	HCPCS
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests (E1160)	HCPCS
E1161	Manual adult size wheelchair, includes tilt in space (E1161)	HCPCS
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (E1170)	HCPCS
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest (E1171)	HCPCS

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (E1172)	HCPCS
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (E1180)	HCPCS
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (E1190)	HCPCS
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (E1195)	HCPCS
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest (E1200)	HCPCS
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification (E1220)	HCPCS
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (E1240)	HCPCS
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (E1250)	HCPCS
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (E1260)	HCPCS
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (E1270)	HCPCS
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (E1280)	HCPCS
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (E1285)	HCPCS
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (E1290)	HCPCS
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest (E1295)	HCPCS
E1296	Special wheelchair seat height from floor (E1296)	HCPCS
E1297	Special wheelchair seat depth, by upholstery (E1297)	HCPCS
E1298	Special wheelchair seat depth and/or width, by construction (E1298)	HCPCS
L89.000	Pressure ulcer of unspecified elbow, unstageable	ICD10CM
L89.001	Pressure ulcer of unspecified elbow, stage 1	ICD10CM
L89.002	Pressure ulcer of unspecified elbow, stage 2	ICD10CM
L89.003	Pressure ulcer of unspecified elbow, stage 3	ICD10CM
L89.004	Pressure ulcer of unspecified elbow, stage 4	ICD10CM
L89.006	Pressure-induced deep tissue damage of unspecified elbow	ICD10CM
L89.009	Pressure ulcer of unspecified elbow, unspecified stage	ICD10CM

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
L89.010	Pressure ulcer of right elbow, unstageable	ICD10CM
L89.011	Pressure ulcer of right elbow, stage 1	ICD10CM
L89.012	Pressure ulcer of right elbow, stage 2	ICD10CM
L89.013	Pressure ulcer of right elbow, stage 3	ICD10CM
L89.014	Pressure ulcer of right elbow, stage 4	ICD10CM
L89.016	Pressure-induced deep tissue damage of right elbow	ICD10CM
L89.019	Pressure ulcer of right elbow, unspecified stage	ICD10CM
L89.020	Pressure ulcer of left elbow, unstageable	ICD10CM
L89.021	Pressure ulcer of left elbow, stage 1	ICD10CM
L89.022	Pressure ulcer of left elbow, stage 2	ICD10CM
L89.023	Pressure ulcer of left elbow, stage 3	ICD10CM
L89.024	Pressure ulcer of left elbow, stage 4	ICD10CM
L89.026	Pressure-induced deep tissue damage of left elbow	ICD10CM
L89.029	Pressure ulcer of left elbow, unspecified stage	ICD10CM
L89.100	Pressure ulcer of unspecified part of back, unstageable	ICD10CM
L89.101	Pressure ulcer of unspecified part of back, stage 1	ICD10CM
L89.102	Pressure ulcer of unspecified part of back, stage 2	ICD10CM
L89.103	Pressure ulcer of unspecified part of back, stage 3	ICD10CM
L89.104	Pressure ulcer of unspecified part of back, stage 4	ICD10CM
L89.106	Pressure-induced deep tissue damage of unspecified part of back	ICD10CM
L89.109	Pressure ulcer of unspecified part of back, unspecified stage	ICD10CM
L89.110	Pressure ulcer of right upper back, unstageable	ICD10CM
L89.111	Pressure ulcer of right upper back, stage 1	ICD10CM
L89.112	Pressure ulcer of right upper back, stage 2	ICD10CM
L89.113	Pressure ulcer of right upper back, stage 3	ICD10CM
L89.114	Pressure ulcer of right upper back, stage 4	ICD10CM
L89.116	Pressure-induced deep tissue damage of right upper back	ICD10CM
L89.119	Pressure ulcer of right upper back, unspecified stage	ICD10CM
L89.120	Pressure ulcer of left upper back, unstageable	ICD10CM
L89.121	Pressure ulcer of left upper back, stage 1	ICD10CM
L89.122	Pressure ulcer of left upper back, stage 2	ICD10CM
L89.123	Pressure ulcer of left upper back, stage 3	ICD10CM
L89.124	Pressure ulcer of left upper back, stage 4	ICD10CM
L89.126	Pressure-induced deep tissue damage of left upper back	ICD10CM
L89.129	Pressure ulcer of left upper back, unspecified stage	ICD10CM

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
L89.130	Pressure ulcer of right lower back, unstageable	ICD10CM
L89.131	Pressure ulcer of right lower back, stage 1	ICD10CM
L89.132	Pressure ulcer of right lower back, stage 2	ICD10CM
L89.133	Pressure ulcer of right lower back, stage 3	ICD10CM
L89.134	Pressure ulcer of right lower back, stage 4	ICD10CM
L89.136	Pressure-induced deep tissue damage of right lower back	ICD10CM
L89.139	Pressure ulcer of right lower back, unspecified stage	ICD10CM
L89.140	Pressure ulcer of left lower back, unstageable	ICD10CM
L89.141	Pressure ulcer of left lower back, stage 1	ICD10CM
L89.142	Pressure ulcer of left lower back, stage 2	ICD10CM
L89.143	Pressure ulcer of left lower back, stage 3	ICD10CM
L89.144	Pressure ulcer of left lower back, stage 4	ICD10CM
L89.146	Pressure-induced deep tissue damage of left lower back	ICD10CM
L89.149	Pressure ulcer of left lower back, unspecified stage	ICD10CM
L89.150	Pressure ulcer of sacral region, unstageable	ICD10CM
L89.151	Pressure ulcer of sacral region, stage 1	ICD10CM
L89.152	Pressure ulcer of sacral region, stage 2	ICD10CM
L89.153	Pressure ulcer of sacral region, stage 3	ICD10CM
L89.154	Pressure ulcer of sacral region, stage 4	ICD10CM
L89.156	Pressure-induced deep tissue damage of sacral region	ICD10CM
L89.159	Pressure ulcer of sacral region, unspecified stage	ICD10CM
L89.200	Pressure ulcer of unspecified hip, unstageable	ICD10CM
L89.201	Pressure ulcer of unspecified hip, stage 1	ICD10CM
L89.202	Pressure ulcer of unspecified hip, stage 2	ICD10CM
L89.203	Pressure ulcer of unspecified hip, stage 3	ICD10CM
L89.204	Pressure ulcer of unspecified hip, stage 4	ICD10CM
L89.206	Pressure-induced deep tissue damage of unspecified hip	ICD10CM
L89.209	Pressure ulcer of unspecified hip, unspecified stage	ICD10CM
L89.210	Pressure ulcer of right hip, unstageable	ICD10CM
L89.211	Pressure ulcer of right hip, stage 1	ICD10CM
L89.212	Pressure ulcer of right hip, stage 2	ICD10CM
L89.213	Pressure ulcer of right hip, stage 3	ICD10CM
L89.214	Pressure ulcer of right hip, stage 4	ICD10CM
L89.216	Pressure-induced deep tissue damage of right hip	ICD10CM
L89.219	Pressure ulcer of right hip, unspecified stage	ICD10CM

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
L89.220	Pressure ulcer of left hip, unstageable	ICD10CM
L89.221	Pressure ulcer of left hip, stage 1	ICD10CM
L89.222	Pressure ulcer of left hip, stage 2	ICD10CM
L89.223	Pressure ulcer of left hip, stage 3	ICD10CM
L89.224	Pressure ulcer of left hip, stage 4	ICD10CM
L89.226	Pressure-induced deep tissue damage of left hip	ICD10CM
L89.229	Pressure ulcer of left hip, unspecified stage	ICD10CM
L89.300	Pressure ulcer of unspecified buttock, unstageable	ICD10CM
L89.301	Pressure ulcer of unspecified buttock, stage 1	ICD10CM
L89.302	Pressure ulcer of unspecified buttock, stage 2	ICD10CM
L89.303	Pressure ulcer of unspecified buttock, stage 3	ICD10CM
L89.304	Pressure ulcer of unspecified buttock, stage 4	ICD10CM
L89.306	Pressure-induced deep tissue damage of unspecified buttock	ICD10CM
L89.309	Pressure ulcer of unspecified buttock, unspecified stage	ICD10CM
L89.310	Pressure ulcer of right buttock, unstageable	ICD10CM
L89.311	Pressure ulcer of right buttock, stage 1	ICD10CM
L89.312	Pressure ulcer of right buttock, stage 2	ICD10CM
L89.313	Pressure ulcer of right buttock, stage 3	ICD10CM
L89.314	Pressure ulcer of right buttock, stage 4	ICD10CM
L89.316	Pressure-induced deep tissue damage of right buttock	ICD10CM
L89.319	Pressure ulcer of right buttock, unspecified stage	ICD10CM
L89.320	Pressure ulcer of left buttock, unstageable	ICD10CM
L89.321	Pressure ulcer of left buttock, stage 1	ICD10CM
L89.322	Pressure ulcer of left buttock, stage 2	ICD10CM
L89.323	Pressure ulcer of left buttock, stage 3	ICD10CM
L89.324	Pressure ulcer of left buttock, stage 4	ICD10CM
L89.326	Pressure-induced deep tissue damage of left buttock	ICD10CM
L89.329	Pressure ulcer of left buttock, unspecified stage	ICD10CM
L89.40	Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage	ICD10CM
L89.41	Pressure ulcer of contiguous site of back, buttock and hip, stage 1	ICD10CM
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2	ICD10CM
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3	ICD10CM
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4	ICD10CM
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable	ICD10CM

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
L89.46	Pressure-induced deep tissue damage of contiguous site of back, buttock and hip	ICD10CM
L89.500	Pressure ulcer of unspecified ankle, unstageable	ICD10CM
L89.501	Pressure ulcer of unspecified ankle, stage 1	ICD10CM
L89.502	Pressure ulcer of unspecified ankle, stage 2	ICD10CM
L89.503	Pressure ulcer of unspecified ankle, stage 3	ICD10CM
L89.504	Pressure ulcer of unspecified ankle, stage 4	ICD10CM
L89.506	Pressure-induced deep tissue damage of unspecified ankle	ICD10CM
L89.509	Pressure ulcer of unspecified ankle, unspecified stage	ICD10CM
L89.510	Pressure ulcer of right ankle, unstageable	ICD10CM
L89.511	Pressure ulcer of right ankle, stage 1	ICD10CM
L89.512	Pressure ulcer of right ankle, stage 2	ICD10CM
L89.513	Pressure ulcer of right ankle, stage 3	ICD10CM
L89.514	Pressure ulcer of right ankle, stage 4	ICD10CM
L89.516	Pressure-induced deep tissue damage of right ankle	ICD10CM
L89.519	Pressure ulcer of right ankle, unspecified stage	ICD10CM
L89.520	Pressure ulcer of left ankle, unstageable	ICD10CM
L89.521	Pressure ulcer of left ankle, stage 1	ICD10CM
L89.522	Pressure ulcer of left ankle, stage 2	ICD10CM
L89.523	Pressure ulcer of left ankle, stage 3	ICD10CM
L89.524	Pressure ulcer of left ankle, stage 4	ICD10CM
L89.526	Pressure-induced deep tissue damage of left ankle	ICD10CM
L89.529	Pressure ulcer of left ankle, unspecified stage	ICD10CM
L89.600	Pressure ulcer of unspecified heel, unstageable	ICD10CM
L89.601	Pressure ulcer of unspecified heel, stage 1	ICD10CM
L89.602	Pressure ulcer of unspecified heel, stage 2	ICD10CM
L89.603	Pressure ulcer of unspecified heel, stage 3	ICD10CM
L89.604	Pressure ulcer of unspecified heel, stage 4	ICD10CM
L89.606	Pressure-induced deep tissue damage of unspecified heel	ICD10CM
L89.609	Pressure ulcer of unspecified heel, unspecified stage	ICD10CM
L89.610	Pressure ulcer of right heel, unstageable	ICD10CM
L89.611	Pressure ulcer of right heel, stage 1	ICD10CM
L89.612	Pressure ulcer of right heel, stage 2	ICD10CM
L89.613	Pressure ulcer of right heel, stage 3	ICD10CM
L89.614	Pressure ulcer of right heel, stage 4	ICD10CM

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
L89.616	Pressure-induced deep tissue damage of right heel	ICD10CM
L89.619	Pressure ulcer of right heel, unspecified stage	ICD10CM
L89.620	Pressure ulcer of left heel, unstageable	ICD10CM
L89.621	Pressure ulcer of left heel, stage 1	ICD10CM
L89.622	Pressure ulcer of left heel, stage 2	ICD10CM
L89.623	Pressure ulcer of left heel, stage 3	ICD10CM
L89.624	Pressure ulcer of left heel, stage 4	ICD10CM
L89.626	Pressure-induced deep tissue damage of left heel	ICD10CM
L89.629	Pressure ulcer of left heel, unspecified stage	ICD10CM
L89.810	Pressure ulcer of head, unstageable	ICD10CM
L89.811	Pressure ulcer of head, stage 1	ICD10CM
L89.812	Pressure ulcer of head, stage 2	ICD10CM
L89.813	Pressure ulcer of head, stage 3	ICD10CM
L89.814	Pressure ulcer of head, stage 4	ICD10CM
L89.816	Pressure-induced deep tissue damage of head	ICD10CM
L89.819	Pressure ulcer of head, unspecified stage	ICD10CM
L89.890	Pressure ulcer of other site, unstageable	ICD10CM
L89.891	Pressure ulcer of other site, stage 1	ICD10CM
L89.892	Pressure ulcer of other site, stage 2	ICD10CM
L89.893	Pressure ulcer of other site, stage 3	ICD10CM
L89.894	Pressure ulcer of other site, stage 4	ICD10CM
L89.896	Pressure-induced deep tissue damage of other site	ICD10CM
L89.899	Pressure ulcer of other site, unspecified stage	ICD10CM
L89.90	Pressure ulcer of unspecified site, unspecified stage	ICD10CM
L89.91	Pressure ulcer of unspecified site, stage 1	ICD10CM
L89.92	Pressure ulcer of unspecified site, stage 2	ICD10CM
L89.93	Pressure ulcer of unspecified site, stage 3	ICD10CM
L89.94	Pressure ulcer of unspecified site, stage 4	ICD10CM
L89.95	Pressure ulcer of unspecified site, unstageable	ICD10CM
L89.96	Pressure-induced deep tissue damage of unspecified site	ICD10CM
M62.50	Muscle wasting and atrophy, not elsewhere classified, unspecified site	ICD10CM
M62.81	Muscle weakness (generalized)	ICD10CM
M62.84	Sarcopenia	ICD10CM
R29.6	Repeated falls	ICD10CM

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
W01.0XXA	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter	ICD10CM
W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter	ICD10CM
W01.0XXS	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, sequela	ICD10CM
W01.10XA	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, initial encounter	ICD10CM
W01.10XD	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, subsequent encounter	ICD10CM
W01.10XS	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, sequela	ICD10CM
W01.110A	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, initial encounter	ICD10CM
W01.110D	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, subsequent encounter	ICD10CM
W01.110S	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, sequela	ICD10CM
W01.111A	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, initial encounter	ICD10CM
W01.111D	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, subsequent encounter	ICD10CM
W01.111S	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, sequela	ICD10CM
W01.118A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, initial encounter	ICD10CM
W01.118D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, subsequent encounter	ICD10CM
W01.118S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, sequela	ICD10CM
W01.119A	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, initial encounter	ICD10CM
W01.119D	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, subsequent encounter	ICD10CM
W01.119S	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, sequela	ICD10CM
W01.190A	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, initial encounter	ICD10CM
W01.190D	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, subsequent encounter	ICD10CM

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
W01.190S	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, sequela	ICD10CM
W01.198A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, initial encounter	ICD10CM
W01.198D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, subsequent encounter	ICD10CM
W01.198S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, sequela	ICD10CM
W06.XXXA	Fall from bed, initial encounter	ICD10CM
W06.XXXD	Fall from bed, subsequent encounter	ICD10CM
W06.XXXS	Fall from bed, sequela	ICD10CM
W07.XXXA	Fall from chair, initial encounter	ICD10CM
W07.XXXD	Fall from chair, subsequent encounter	ICD10CM
W07.XXXS	Fall from chair, sequela	ICD10CM
W08.XXXA	Fall from other furniture, initial encounter	ICD10CM
W08.XXXD	Fall from other furniture, subsequent encounter	ICD10CM
W08.XXXS	Fall from other furniture, sequela	ICD10CM
W10.0XXA	Fall (on)(from) escalator, initial encounter	ICD10CM
W10.0XXD	Fall (on)(from) escalator, subsequent encounter	ICD10CM
W10.0XXS	Fall (on)(from) escalator, sequela	ICD10CM
W10.1XXA	Fall (on)(from) sidewalk curb, initial encounter	ICD10CM
W10.1XXD	Fall (on)(from) sidewalk curb, subsequent encounter	ICD10CM
W10.1XXS	Fall (on)(from) sidewalk curb, sequela	ICD10CM
W10.2XXA	Fall (on)(from) incline, initial encounter	ICD10CM
W10.2XXD	Fall (on)(from) incline, subsequent encounter	ICD10CM
W10.2XXS	Fall (on)(from) incline, sequela	ICD10CM
W10.8XXA	Fall (on) (from) other stairs and steps, initial encounter	ICD10CM
W10.8XXD	Fall (on) (from) other stairs and steps, subsequent encounter	ICD10CM
W10.8XXS	Fall (on) (from) other stairs and steps, sequela	ICD10CM
W10.9XXA	Fall (on) (from) unspecified stairs and steps, initial encounter	ICD10CM
W10.9XXD	Fall (on) (from) unspecified stairs and steps, subsequent encounter	ICD10CM
W10.9XXS	Fall (on) (from) unspecified stairs and steps, sequela	ICD10CM
W18.00XA	Striking against unspecified object with subsequent fall, initial encounter	ICD10CM
W18.00XD	Striking against unspecified object with subsequent fall, subsequent encounter	ICD10CM
W18.00XS	Striking against unspecified object with subsequent fall, sequela	ICD10CM
W18.02XA	Striking against glass with subsequent fall, initial encounter	ICD10CM

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

Members must meet **both** frailty and advanced illness criteria to be excluded: **Frailty with two different dates of service during the measurement year.**

Code	Description	Code System
W18.02XD	Striking against glass with subsequent fall, subsequent encounter	ICD10CM
W18.02XS	Striking against glass with subsequent fall, sequela	ICD10CM
W18.09XA	Striking against other object with subsequent fall, initial encounter	ICD10CM
W18.09XD	Striking against other object with subsequent fall, subsequent encounter	ICD10CM
W18.09XS	Striking against other object with subsequent fall, sequela	ICD10CM
W18.11XA	Fall from or off toilet without subsequent striking against object, initial encounter	ICD10CM
W18.11XD	Fall from or off toilet without subsequent striking against object, subsequent encounter	ICD10CM
W18.11XS	Fall from or off toilet without subsequent striking against object, sequela	ICD10CM
W18.12XA	Fall from or off toilet with subsequent striking against object, initial encounter	ICD10CM
W18.12XD	Fall from or off toilet with subsequent striking against object, subsequent encounter	ICD10CM
W18.12XS	Fall from or off toilet with subsequent striking against object, sequela	ICD10CM
W18.2XXA	Fall in (into) shower or empty bathtub, initial encounter	ICD10CM
W18.2XXD	Fall in (into) shower or empty bathtub, subsequent encounter	ICD10CM
W18.2XXS	Fall in (into) shower or empty bathtub, sequela	ICD10CM
W18.30XA	Fall on same level, unspecified, initial encounter	ICD10CM
W18.30XD	Fall on same level, unspecified, subsequent encounter	ICD10CM
W18.30XS	Fall on same level, unspecified, sequela	ICD10CM
W18.31XA	Fall on same level due to stepping on an object, initial encounter	ICD10CM
W18.31XD	Fall on same level due to stepping on an object, subsequent encounter	ICD10CM
W18.31XS	Fall on same level due to stepping on an object, sequela	ICD10CM
W18.39XA	Other fall on same level, initial encounter	ICD10CM
W18.39XD	Other fall on same level, subsequent encounter	ICD10CM
W18.39XS	Other fall on same level, sequela	ICD10CM
W19.XXXA	Unspecified fall, initial encounter	ICD10CM
W19.XXXD	Unspecified fall, subsequent encounter	ICD10CM
W19.XXXS	Unspecified fall, sequela	ICD10CM
Y92.199	Unspecified place in other specified residential institution as the place of occurrence of the external cause	ICD10CM
Z59.3	Problems related to living in residential institution	ICD10CM
Z73.6	Limitation of activities due to disability	ICD10CM
Z74.01	Bed confinement status	ICD10CM
Z74.09	Other reduced mobility	ICD10CM
Z74.1	Need for assistance with personal care	ICD10CM

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

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Code	Description	Code System
Z74.2	Need for assistance at home and no other household member able to render care	ICD10CM
Z74.3	Need for continuous supervision	ICD10CM
Z74.8	Other problems related to care provider dependency	ICD10CM
Z74.9	Problem related to care provider dependency, unspecified	ICD10CM
Z91.81	History of falling	ICD10CM
Z99.11	Dependence on respirator [ventilator	ICD10CM
Z99.3	Dependence on wheelchair	ICD10CM
Z99.81	Dependence on supplemental oxygen	ICD10CM
Z99.89	Dependence on other enabling machines and devices	ICD10CM
99504	Home visit for mechanical ventilation care	CPT
99509	Home visit providing assistance with activities of daily living (ADL) and personal care	CPT
G0162	Skilled nursing services provided by a registered nurse (RN) for the management and evaluation of a patient's plan of care in a home health or hospice setting, each 15 minutes	HCPCS
G0299	Direct skilled nursing services provided by a registered nurse (RN) in a home health or hospice setting, each 15 minutes	HCPCS
G0300	Direct skilled nursing services provided by a Licensed Practical Nurse (LPN) in a home health or hospice setting	HCPCS
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of a patient's condition in the home health or hospice setting, each 15 minutes	HCPCS
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes	HCPCS
S0271	Physician management of patient home care, hospice	HCPCS
S0311	Comprehensive management and care coordination for advanced illness	HCPCS
S9123	Nursing care provided in the home by a registered nurse (RN) per hour.	HCPCS
S9124	Nursing care in the home by a licensed practical nurse, per hour	HCPCS
T1000	Private duty or independent nursing services provided by a licensed nurse, up to 15 minutes	HCPCS
T1001	Nursing assessment or evaluation	HCPCS
T1002	RN services, up to 15 minutes	HCPCS
T1003	LPN/LVN services lasting up to 15 minutes	HCPCS
T1004	Services of a qualified nursing aide, up to 15 minutes	HCPCS
T1005	Respite care services, up to 15 minutes	HCPCS
T1019	Personal Care Services, specifically for assistance with activities of daily living (ADLs) provided in a non-institutional setting	HCPCS

Frailty

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness.

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Code	Description	Code System
T1020	Personal care services provided on a per diem basis	HCPCS
T1021	Home health aide or certified nurse assistant visit, per visit	HCPCS
T1022	Contracted home health agency services, all services provided under contract, per day	HCPCS
T1030	Nursing care, in the home, by a registered nurse, per diem	HCPCS
T1031	nursing care provided in the home by a licensed practical nurse (LPN) on a per diem basis.	HCPCS
R26.2	Difficulty in walking, not elsewhere classified	ICD10CM
R26.89	Other abnormalities of gait and mobility	ICD10CM
R26.9	Unspecified abnormalities of gait and mobility	ICD10CM
R53.1	Weakness	ICD10CM
R53.81	Other malaise	ICD10CM
R54	Age-related physical debility	ICD10CM
R62.7	Adult failure to thrive	ICD10CM
R63.4	Abnormal weight loss	ICD10CM
R63.6	Underweight	ICD10CM
R64	Cachexia	ICD10CM