**Breast Cancer Screening (BCS)**

**STAR RATING:** Percentage of members ages 50-74 who had a mammogram screening in last 27 reported months.

**Test performed between:** Oct. 1 two years prior to the measurement year and Dec. 31 of the measurement year.

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50%</td>
<td>&gt;50 to &lt;63%</td>
<td>&gt;63 to &lt;74%</td>
<td>&gt;74 to &lt;81%</td>
<td>&gt;81%</td>
</tr>
</tbody>
</table>

**TEST REQUIRED FOR COMPLIANCE:** Mammogram

**NOTE:** The purpose of this measure is to evaluate primary screening. Do not count biopsies, breast ultrasounds or MRIs for this measure. They are not appropriate methods for primary breast cancer screening.

**Colorectal Cancer Screening (COL)**

**STAR RATING:** Percentage of members ages 50-75 who had appropriate screening for colorectal cancer.

**Test Performed by:** See below.

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;40%</td>
<td>&gt;40 to &lt;49%</td>
<td>≥49 to &lt;58%</td>
<td>≥58 to &lt;65%</td>
<td>≥65%</td>
</tr>
</tbody>
</table>

**TEST REQUIRED FOR COMPLIANCE:** 1 of 3 depending on the Fecal Occult Blood Test (FOBT) test used.

1. FOBT during the measurement year. Regardless of FOBT type, guaiac (gFOBT) or immunochemical (iFOBT), assume that the required number of samples was returned.
2. Flexible Sigmoidoscopy during the measurement year or the four years prior
3. Colonoscopy during the measurement year or the nine years prior

Documentation must be provided of previously performed colorectal screening test including result and date of service.

**Preferred billing code for this measure**
# Cholesterol Management for Patients With Cardiovascular Conditions (CMC)

**STAR RATING:** Percentage of members ages 18-75 with ischemic vascular disease (IVD, acute myocardial infarction (AMI), coronary bypass graft (CABG) or percutaneous trans luminal coronary angioplasty (PTCA) who had an LDL-C test performed during the measurement year.

**Test performed between:** Jan. 01 - Dec. 31 of measurement year

<table>
<thead>
<tr>
<th>Star</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;78%</td>
</tr>
<tr>
<td>2</td>
<td>≥78% to &lt;83%</td>
</tr>
<tr>
<td>3</td>
<td>≥83% to &lt;85%</td>
</tr>
<tr>
<td>4</td>
<td>≥85% to &lt;89%</td>
</tr>
<tr>
<td>5</td>
<td>≥89%</td>
</tr>
</tbody>
</table>

Weighted Value: 1

**CPT**  
- 80061, 83700, 83701, 83704, 83721  
- 3048F, 3049F, 3050F  
- 2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2, 49132-4, 55440-2

**CPT Category II**  
- LOINC

<table>
<thead>
<tr>
<th>CPT</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99397, 99394-99397, 99401-99404, 99411, 99412, 99221-99223, 98231-99233, 99238, 99239, 99251-99255</td>
<td></td>
</tr>
</tbody>
</table>

**TEST REQUIRED FOR COMPLIANCE:**  
- LDL-C Screening test performed during the measurement year, as identified by claim/encounter or automated laboratory data <100mg/dL

# Glaucoma Testing in Older Adults (GSO)

**STAR RATING:** Percentage of members ages 67 and older who had an eye exam for glaucoma in last 24 reported months.

**Test performed by:** Jan 01 - Dec 31 of measurement year or year prior

<table>
<thead>
<tr>
<th>Star</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;29%</td>
</tr>
<tr>
<td>2</td>
<td>≥29% to &lt;64%</td>
</tr>
<tr>
<td>3</td>
<td>≥64% to &lt;70%</td>
</tr>
<tr>
<td>4</td>
<td>≥70% to &lt;77%</td>
</tr>
<tr>
<td>5</td>
<td>≥77%</td>
</tr>
</tbody>
</table>

Weighted Value: 1

**CPT**  
- 92002, 92004, 92012, 92014, 92081-92083, 92140, 99202-99205, 99213-99215, 99242-99245

**HCPCS**  
- G0117, G0118, S0620, S0621

**TEST REQUIRED FOR COMPLIANCE:**  
- Screening for glaucoma by an optometrist or ophthalmologist in the measurement year or year prior.

### Disclaimer
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## Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

**STAR RATING:** Percentage of members 18 and older with Rheumatoid Arthritis who had one or more prescription(s) for a disease-modifying anti-rheumatic drug (DMARD).

**Test Performed by:** Jan 01 - Dec 31 of measurement year.

<table>
<thead>
<tr>
<th>STAR</th>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;51%</td>
<td>≥51 to &lt;66%</td>
<td>≥66 to &lt;78%</td>
<td>≥78 to &lt;83%</td>
<td>≥83%</td>
</tr>
</tbody>
</table>

**Weighted Value:** 1

**HEDIS:** Percentage of members with Rheumatoid Arthritis who has one or more prescription(s) for a DMARD.

**Exclusions:** A diagnosis of HIV any time during the member’s history through December 31 of the measurement year. A diagnosis of pregnancy any time during the measurement year.

**Continuous Enrollment:** Measurement year  
**Allowable Gap:** No more than 45 days

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9-CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid arthritis</td>
<td>714.0, 714.1, 714.2, 714.81</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visit Type</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>99201- 99205,99211-99215, 99241-99245,99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411,99412</td>
</tr>
</tbody>
</table>

**TEST REQUIRED FOR COMPLIANCE:** NONE

**NOTE:** In order to be compliant for this measure the member has to have at least one prescription, during the year, for any of the following anti-rheumatic drugs:

**First Line Therapy Medications**
- Abatacept
- Adalimumab
- Anakinra
- Auranofin
- Azathioprine
- Certolizumab
- Certolizumab pegol
- Cyclophosphamide
- Cyclosporine
- Etanercept
- Gold sodium thiomalate
- Golimumab
- Hydroxychloroquine
- Infliximab
- Leflunomide
- Methotrexate
- Minocycline
- Mycophenolate
- Penicillamine
- Rituximab
- Sulfasalazine
- Tocilizumab
- Tofacitinib
# Comprehensive Diabetes Care (CDC) – Cholesterol Screening

**STAR RATING:** Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had a test for “bad” (LDL) cholesterol.

**Test Performed by:** Jan 01 - Dec 31 of measurement year.

<table>
<thead>
<tr>
<th>Score</th>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;79%</td>
<td>≥79 to &lt;83%</td>
<td>≥83 to &lt;85%</td>
<td>≥85 to &lt;93%</td>
<td>&gt;93%</td>
<td></td>
</tr>
</tbody>
</table>

**Weighted Value:** 1

**HEDIS:** Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had a LDL-C screening during the measurement year, as identified by claim/encounter or automated laboratory data.

**Continuous Enrollment:** Measurement year **Allowable Gap:** No more than 45 days

<table>
<thead>
<tr>
<th>CPT</th>
<th>CPT Category II*</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>80061, 83700, 83701, 83704, 83721</td>
<td>3048F, 3049F, 3050F</td>
<td>2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2, 49132-4, 55440-2</td>
</tr>
</tbody>
</table>

**TEST REQUIRED FOR COMPLIANCE:**
- LDL-C Screening test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

---

# Comprehensive Diabetes Care (CDC) – Cholesterol Controlled/LDL control < 100 mg/dL

**STAR RATING:** Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had a cholesterol test during the year that showed an acceptable level of “bad” (LDL) cholesterol.

**Test Performed by:** Jan 01 - Dec 31 of measurement year.

<table>
<thead>
<tr>
<th>Score</th>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;31%</td>
<td>≥31 to &lt;44%</td>
<td>≥44 to &lt;53%</td>
<td>≥53 to &lt;59%</td>
<td>≥59%</td>
<td></td>
</tr>
</tbody>
</table>

**Weighted Value:** 3

**HEDIS:** Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had the most recent LDL-C test during the measurement year and the level is <100mg/dL.

**Continuous Enrollment:** Measurement year **Allowable Gap:** No more than 45 days

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT Category II*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator compliant (LDL-C &lt; 100mg/dL)</td>
<td>3048F</td>
</tr>
<tr>
<td>Not numerator compliant (LDL-C ≥ 100mg/dL)</td>
<td>3049F, 3050F</td>
</tr>
</tbody>
</table>

**TEST REQUIRED FOR COMPLIANCE:**
- LDL-C Screening test performed during the measurement year with level outcome of <100mg/dL, as identified by claim/encounter or automated laboratory data.

---

# Comprehensive Diabetes Care (CDC) – Blood Sugar Controlled/HbA1c Controlled

**STAR RATING:** Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had an A1c lab test during the year that showed their average blood sugar is under control (<9%).

**Test Performed by:** Jan 01 - Dec 31 of measurement year.

<table>
<thead>
<tr>
<th>Score</th>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;48%</td>
<td>≥48 to &lt;64%</td>
<td>≥64 to &lt;80%</td>
<td>≥80 to &lt;84%</td>
<td>≥84%</td>
<td></td>
</tr>
</tbody>
</table>

**Weighted Value:** 3

**HEDIS:** The percentage of members ages 18-75 with diabetes (type 1 and type 2) who had an A1c lab test during the year that showed their average blood sugar is under control (<9%).

**Continuous Enrollment:** Measurement year **Allowable Gap:** No more than 45 days

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT/CPT Category II*</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c Test</td>
<td>83036, 83037/3044F, 3045F, 3046F</td>
<td>4548-4, 4549-2, 17856-6, 59261-8, 62388-4</td>
</tr>
<tr>
<td>Numerator compliant (HbA1c &lt; 8%)</td>
<td>3044F</td>
<td></td>
</tr>
<tr>
<td>Not numerator compliant (HbA1c ≥ 8%)</td>
<td>3045F, 3046F</td>
<td></td>
</tr>
<tr>
<td>Numerator compliant (HbA1c &gt;9%)</td>
<td>3046F</td>
<td></td>
</tr>
</tbody>
</table>

**TEST REQUIRED FOR COMPLIANCE:**
- Hemoglobin A1c Screening Test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

---

*A copy of all lab results should be kept in the members Medical Records.*

---

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* Included in Global billing, not separately reimbursed.
Comprehensive Diabetes Care (CDC) – Kidney Disease Monitoring/Medical Attention to Nephropathy

**STAR RATING:** Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had a kidney function test during the year.

**Test Performed by:** Jan 01 - Dec 31 of measurement year.

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;80%</td>
<td>≥80 to &lt; 83%</td>
<td>≥83 to &lt;85%</td>
<td>≥85 to &lt; 89%</td>
<td>≥89%</td>
</tr>
</tbody>
</table>

Weighted Value: 1

**HEDIS:** Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had a kidney function test during the year.

**Continuous Enrollment:** Measurement year **Allowable Gap:** No more than 45 days

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>CPT Category II*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephropathy screening test</td>
<td>82042, 82043, 82044, 84156</td>
<td>3060F, 3061F</td>
</tr>
<tr>
<td>Urine macroalbumin test</td>
<td>81000-81003, 81005</td>
<td>3062F</td>
</tr>
<tr>
<td>Evidence of treatment for nephropathy</td>
<td>36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512</td>
<td></td>
</tr>
</tbody>
</table>

**TEST REQUIRED FOR COMPLIANCE:**

- Micro albumin, Random Urine w/Createnine or Micro albumin, 24 hour Urine, w/o Createnine test performed during the measurement year, as identified by claim/encounter or automated laboratory data
- Documented evidence of nephropathy with:
  - Any positive urine macro albumin test for protein
  - Medical attention for nephropathy
  - Nephrology consult in current year (include if primary care physician also is a nephrologist)
  - A nephropathy screening test
  - Evidence of treatment for nephropathy or ACE/ARB therapy
  - Evidence of stage 4 chronic kidney disease
  - Evidence of ESRD
  - Evidence of kidney transplant
  - A visit with a nephrologist, as identified by the organization’s specialty provider codes (no restriction on the diagnosis or procedure code submitted).
  - A positive urine macroalbumin test
  - A urine macroalbumin test where laboratory data indicates a positive result ("trace" urine microalbumin test results are not considered numerator compliant).
  - At least one ACE inhibitor or ARB dispensing event

---

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* Included in Global billing, not separately reimbursed.
Comprehensive Diabetes Care (CDC) – Diabetes Care – Eye Exam

<table>
<thead>
<tr>
<th>STAR RATING: Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had an eye exam to check for damage from diabetes.</th>
<th>(Administrative/Hybrid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Performed by: Jan 01 - Dec 31 of measurement year or year prior.</td>
<td>HEDIS: Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had a retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year or a negative retinal exam (no evidence of retinopathy) in the year prior to the measurement year.</td>
</tr>
<tr>
<td>Continuous Enrollment: Measurement year Allowable Gap: No more than 45 days</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT</th>
<th>CPT Category II*</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>67028, 67030, 67031, 67036, 67038-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245, 92134, 92227, 92228</td>
<td>2022F, 2024F, 2026F, 3072F</td>
<td>S0620, S0621, S0625, S3000</td>
</tr>
</tbody>
</table>

TEST REQUIRED FOR COMPLIANCE:
A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year or a negative retinal exam (no evidence of retinopathy) in the year prior to the measurement year.

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;41%</td>
<td>≥41 to &lt;53%</td>
<td>≥53 to &lt;64%</td>
<td>≥64 to &lt;70%</td>
<td>≥70%</td>
</tr>
</tbody>
</table>

Weighted Value: 1
Osteoporosis Management in Women who had a Fracture (OMW)

**STAR RATING:** Percentage of members ages 67 and older who were treated or tested for osteoporosis within six months of a fracture.

**Fracture Date Range:** July 1 of the year prior to the measurement year to June 30 of the measurement year.

**Test Performed by:** Within 6 months of fracture.

### HEDIS:
- Percentage of members ages 67 and older who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis within six months of a fracture.

**Continuous Enrollment:** One year before fracture diagnosis through six months after fracture.

**Allowable Gap:** No more than 45 days

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;16%</td>
<td>≥16% to &lt;36%</td>
<td>≥36% to &lt;60%</td>
<td>≥60% to &lt;70%</td>
<td>≥70%</td>
</tr>
</tbody>
</table>

**Weighted Value:** 1

**TEST REQUIRED FOR COMPLIANCE:**
- BMD (Bone Mineral Density) Exam
- Osteoporosis Therapies identified through pharmacy data which includes prescription for the following medications:
  - Alendronate
  - Alendronate-cholecalciferol
  - Calcitonin
  - Calcium carbonate-risedronate
  - Conjugated estrogens
  - Conjugated estrogens - medroxy-progesterone
  - Conjugated estrogens synthetic
  - Denosumab
  - Esterified estrogens
  - Estradiol
  - Estradiol acetate
  - Estradiol cypionate
  - Estradiol-cholecalciferol
  - Estradiol-levonorgestrel
  - Estradiol-norethindrone
  - Estradiol-norgestimate
  - Estradiol valerate
  - Estropipate
  - Ethinyl estradiol-norethindrone
  - Ibandronate
  - Raloxifene
  - Risedronate
  - Teriparatide
  - Zoledronic acid

**HEDIS BILLING CODES TO IDENTIFY A FRACTURE**
- ICD-9-CM Procedure


**J CODES TO IDENTIFY OSTEOPOROSIS THERAPIES**
- J1740, J3488, J3487, J1000, J0630, J3110, J0897

**HEDIS BILLING CODES TO IDENTIFY BONE MINERAL DENSITY TEST**
- CPT
- HCPCS
- ICD-9-CM Diagnosis
- ICD-9-CM Procedure

| 76977, 77078-77081, 78350-78351 | G0130 | 88.98 |

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* Included in Global billing, not separately reimbursed.
**Controlling High Blood Pressure (CBP)**

<table>
<thead>
<tr>
<th>STAR RATING: Percentage of members ages 18-85 with high blood pressure who had treatment and were able to maintain a healthy pressure.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Performed by:</strong> Jan 01 - Dec 31 of measurement year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;37%</td>
<td>37 to &lt;49%</td>
<td>49 to &lt;68%</td>
<td>68 to &lt;77%</td>
<td>77%</td>
</tr>
</tbody>
</table>

**HEDIS:** Percentage of members ages 18-85 who had a diagnosis of hypertension (HTN) on or before June 30 of the measurement year and whose blood pressure was adequately controlled (<140/90) during the measurement year.

**Continuous Enrollment:** Measurement year

**Allowable Gap:** No more than 45 days

**Test Required for Compliance:**
The last BP Reading of the measurement year performed by the treating physician/facility.

In order to meet the specifications of the measure, the last blood pressure reading of the year must be below 140/90.

---

**Adult BMI (Body Mass Index) Assessment (ABA)**

<table>
<thead>
<tr>
<th>STAR RATING: Percentage of members ages 18-74 who had an outpatient visit and their body mass index (BMI) documented in last 24 reported months.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Performed by:</strong> Jan 01 - Dec 31 of measurement year or year prior.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;52%</td>
<td>52 to &lt;68%</td>
<td>68 to &lt;77%</td>
<td>77 to &lt;89%</td>
<td>89%</td>
</tr>
</tbody>
</table>

**HEDIS:** Percentage of members ages 18-74 who had an outpatient visit and their BMI documented in last 24 reported months.

**Exclusions:** Members who have a diagnosis of pregnancy in last 24 reported months.

**Continuous Enrollment:** Measurement year and year prior

**Allowable Gap:** No more than 45 days

**Test Required for Compliance:**
The last BMI reading of the measurement year performed by the treating physician/facility.

In order to ensure compliance the following must be included:
Date of service, weight, height, and BMI calculations.

---

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>ICD-9 CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Mass Index</td>
<td>99201-99205, 99211-99215, 99217-99220, 99241-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412</td>
<td>V85.0-V85.5</td>
</tr>
</tbody>
</table>
**Plan All - Cause Readmissions**

**STAR RATING:** Percentage of members ages 18 and older who were discharged from a hospital stay and were then readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason.

**Discharge during:** Jan 01 - Dec 31 of measurement year.

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;21%</td>
<td>&gt;14 to &lt;21%</td>
<td>&gt;11 to &lt;14%</td>
<td>&gt;9 to &lt;11%</td>
<td>≤9%</td>
</tr>
</tbody>
</table>

**Weighted Value:** 3

---

**HEDIS:** Percentage of members ages 18 and older who were discharged from a hospital stay and were then readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason. Data is reported in the following categories:

1. Count of Index Hospital Stays (HS denominator)
2. Count of 30-Day Readmission (numerator)
3. Average Adjusted Probability of Readmission

**Exclusions:** Hospital stays where the admission day is the same as the discharge date. Any acute inpatient stays with a discharge date in the 30 days prior to the admission date. Inpatient stays with discharges for death, acute inpatient stays for pregnancy.

**Continuous Enrollment:** 365 days prior to discharge through 30 days after. **Allowable Gap:** No more than 45 days during 365 day period, no gap during 30 days post discharge.

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
<th>ICD-9 CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td></td>
<td>630-679, V22, V23, V28</td>
<td></td>
</tr>
<tr>
<td>Office or Other Outpatient Services</td>
<td>99201-99205, 99211-99215, 99241-99245, 99217-99220, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411-99412, 92002, 92004, 92012, 92014, 98925-98929, 98940-98942</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-acute Inpatient</td>
<td>99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Inpatient</td>
<td>99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Dept.</td>
<td>99281-99285</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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* Included in Global billing, not separately reimbursed.
**Care for Older Adults (COA) - Medication Review (SNP only)**

**STAR RATING: Medication Review**
Percentage of members ages 66 and older who had a medication review and evidence of a medication list in the medical record in the current report period.

**Medication Review once during:** Jan 01 - Dec 31 of measurement year.

<table>
<thead>
<tr>
<th></th>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;51%</td>
<td>≥51 to &lt;65%</td>
<td>≥65 to &lt;75%</td>
<td>≥75 to &lt;92%</td>
<td>≥92%</td>
<td></td>
</tr>
</tbody>
</table>

**In order to ensure compliance the following must be included:**
Medication Review and Medication Listing, or documentation of no medications must be documented in the Medical Record.

**HEDIS: Medication Review**
Documentation must come from the same medical record and must include the following: A medication list in the medical record, and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed. Notation that the member is not taking any medication and the date when it was noted. A review of side effects for a single medication at the time of prescription alone is not sufficient. An outpatient visit is not required to meet criteria.

**Continuous Enrollment:** Measurement year
**Allowable Gap:** No more than 45 days

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>CPT Category II*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Review</td>
<td>99606</td>
<td>1160F</td>
</tr>
<tr>
<td>Medication List</td>
<td>1159F</td>
<td></td>
</tr>
</tbody>
</table>

**Weighted Value:** 1

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Care for Older Adults (COA)- Functional Status Assessment (SNP only)

**STAR RATING: Functional Status Assessment (Comprehensive)**
Percentage of members ages 66 and older who had a functional status assessment in the current report period.

**Functional Status Assessment once during:** Jan 01 - Dec 31 of measurement year.

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30%</td>
<td>≥30 to &lt;42%</td>
<td>≥42 to &lt;62%</td>
<td>≥62 to &lt;87%</td>
<td>≥87%</td>
</tr>
</tbody>
</table>

**In order to ensure compliance the following must be included:**
Evidence of functional assessment and date of service.

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT Category II*</th>
<th>ICD-9-CM Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Status Assessment</td>
<td>1170F</td>
<td></td>
</tr>
</tbody>
</table>

**HEDIS: Functional Status Assessment**
Documentation in the medical record of at least complete functional status assessment in current year including the date performed. Notations for a complete functional status assessment may include:
- Notation that Activities of Daily Living (ADL) were assessed (includes bathing, dressing, eating, transferring [e.g., getting in and out of chairs, using toilet, walking].
- Notation that Instrumental Activities of Daily Living (IADL) were assessed (includes shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances).

Result of assessment using a standardized functional status assessment tool, not limited to:
- SF-36™
- Assessment of Living Skills and Resources (ALSAR)
- Barthel ADL Index Physical Self-Maintenance (ADLS) Scale
- Bayer Activities of Daily Living (B-ADL) Scale
- Barthel Index
- Extended Activities of Daily Living (EADL) Scale
- Independent Living Scale (ILS)
- Katz Index of Independence in Activities of Daily Living
- Kenny Self-Care Evaluation
- Klein-Bell Activities of Daily Living Scale
- Kohlman Evaluation of Living Skills (KELS)
- Lawton & Brody’s IADL scales

Notation that at least three of the following four components were assessed:
- Cognitive status
- Ambulation status
- Sensory ability (including hearing, vision and speech)
- Other functional independence (e.g., exercise, ability to perform job)

A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment. The components of the functional status assessment numerator may take place during separate visits within the measurement year.

**Continuous Enrollment:** Measurement year **Allowable Gap:** No more than 45 days

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## Care for Older Adults (COA) - Pain Screening (SNP only)

**STAR RATING: Pain Screening**  
Percentage of members ages 66 and older who had a pain screening or pain management plan at least once during the measurement year.

**Pain screening during:** Jan 01 - Dec 31 of measurement year.

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;36%</td>
<td>≥36 to &lt;52%</td>
<td>≥52 to &lt;76%</td>
<td>≥76 to &lt;91%</td>
<td>≥91%</td>
</tr>
</tbody>
</table>

Weighted Value: 1

In order to ensure compliance the following must be included:  
Evidence of pain management or evidence of pain screening along with date of service.

**HEDIS: Pain Screening**  
Documentation in the medical record must include evidence of a pain assessment and the date when it was performed.  
**Notations for a pain assessment must include one of the following:**

- Documentation that the patient was assessed for pain (which may include positive or negative findings for pain). Result of assessment using a standardized pain assessment tool, not limited to:
  - Numeric rating scales (verbal or written)
  - Face, Legs, Activity, Cry Consolability (FLACC) scale
  - Verbal descriptor scales (5-7 Word Scales, Present Pain Inventory)
  - Pain Thermometer
  - Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale)
  - Verbal descriptor scales
  - Brief Pain Inventory
  - Chronic Pain Grade
  - PROMIS Pain Intensity Scale
  - Pain Assessment in Advanced Dementia (PAINAD) Scale

*Notation of a pain management plan alone does not meet criteria. Notation of a pain treatment plan alone does not meet criteria. Notation of screening for chest pain alone or documentation of chest pain alone does not meet criteria.*

**Continuous Enrollment:** Measurement year  
**Allowable Gap:** No more than 45 days

### Description | CPT Category II*
---|---
Pain Screening | 0521F, 1125F, 1126F

## Care for Older Adults (COA) - Advance Care Planning (SNP only)

**THIS IS NOT A STAR RATINGS MEASURE**  
No Thresholds applicable*

**HEDIS: Advance Care Planning**  
**Examples of an advance care plan**

- **Advance directive.** Directive about treatment preferences and the designation of a surrogate who can make medical decisions for a patient who is unable to make them (e.g., living will, power of attorney, health care proxy).
- **Actionable medical orders.** Written instructions regarding initiating, continuing, withholding or withdrawing specific forms of life-sustaining treatment.
- **Living will.** Legal document denoting preferences for life-sustaining treatment and end-of-life care.
- **Surrogate decision maker.** A written document designating someone other than the member to make future medical treatment choices.

**Examples of an advance care planning discussion**

- Notation in the medical record of a discussion with a provider or initiation of a discussion by a provider during the measurement year.
- **Oral statements.** Conversations with relatives or friends about life-sustaining treatment and end-of-life care, documented in the medical record. Patient designation of an individual who can make decisions on behalf of the patient. Evidence of oral statements must be noted in the medical record during the measurement year.

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT Category II*</th>
<th>HPCPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Care Planning</td>
<td>1157F, 1158F</td>
<td>S0257</td>
</tr>
</tbody>
</table>

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Doc#: PCA11723_20140403