

2025 STARS/HEDIS MEASURE DESCRIPTIONS & CODES



REQUIRED EXCLUSIONS FOR ALL MEASURES

- Members in hospice or using hospice services any time during the measurement year.
- Members who die any time during the measurement year.
- Members receiving palliative care any time during the measurement year.
- Members who had an encounter for palliative care any time during the measurement year.
- Members 66 or older enrolled in an Institutional SNP (I-SNP) during the measurement year.
- Members 66 or older living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
- Members 66 and older as of December 31 of the measurement year with frailty AND advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:

Frailty:

- At least two indications of frailty with different dates of service during the measurement year AND

Advanced Illness:

- Either of the following during the measurement year or the year prior to the measurement year.
 - Advanced illness on at least two different DOS
 - Dispensed dementia medication

ABBREVIATIONS

DOS - Date of Service

MY - Measurement Year

PY - Prior Year

NCQA has added a dash and a capital letter “E” after measure abbreviations for measures reported using ECDS only

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Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
	Hemoglobin A1c Control for Patients with Diabetes	HBD	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> HbA1c Control (<8.0%) - Considered Compliant HbA1c Poor Control (>9.0%) - Considered Non-Compliant <p>Note: For HEDIS purposes, the measure name changed to Glycemic Status Assessment for Patients With Diabetes (GSD) and includes glucose management indicator [GMI] results as documented through laboratory data or medical record review.</p>	<p>HbA1c lab test CPT: 83036, 83037 LOINC: 4548-4, 4549-2, 17855-8, 17856-6, 96595-4 SNOMED CT US EDITION: 43396009, 313835008</p> <p>HbA1c level greater than or equal to 7.0 and less than 8.0 CPT-CAT-II: 3051F</p> <p>HbA1c level less than 7.0 CPT-CAT-II: 3044F</p> <p>HbA1c test result or finding CPT-CAT-II: 3044F, 3046F, 3051F, 3052F SNOMED CT US EDITION: 165679005, 451061000124104</p> <p>HbA1c level greater than 9.0 CPT-CAT-II: 3046F, 3052F SNOMED CT US EDITION: 451061000124104</p> <p>HbA1c level greater than or equal to 8.0 and less than or equal to 9.0 CPT-CAT-II: 3052F</p>	*See list of Required Exclusions for all Measures on page 1
	Blood Pressure Control for Patients with Diabetes	BPD	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.</p> <p>Note: This is a HEDIS only measure</p>	<p>Systolic Blood Pressure LOINC: 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 75997-7, 89268-7 SNOMED CT US EDITION: 271649006</p> <p>Systolic Blood Pressure less than 130 mm Hg CPT-CAT-II: 3074F</p> <p>Systolic Blood Pressure between 130-139 mm Hg CPT-CAT-II: 3075F</p> <p>Systolic greater than or equal to 140 mm Hg CPT-CAT-II: 3077F</p> <p>Diastolic Blood Pressure LOINC: 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 75995-1, 89267-9 SNOMED CT US EDITION: 271650006</p> <p>Diastolic Blood Pressure less than 80 mm Hg CPT-CAT-II: 3078F</p> <p>Diastolic Blood Pressure between 80-89 mm Hg CPT-CAT-II: 3079F</p> <p>Diastolic Blood Pressure greater than or equal to 90 mm Hg CPT-CAT-II: 3080F</p>	*See list of Required Exclusions for all Measures on page 1

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	Eye Exam for Patients with Diabetes	EED	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.</p> <p>Screening or monitoring for diabetic retinal disease as identified by claims data. This includes diabetics who had one of the following:</p> <ul style="list-style-type: none"> • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year (can be positive or negative). • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. 	<p>Retinal Eye Exams CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245</p> <p>HCPCS: S0620, S0621, S3000</p> <p>SNOMED CT US EDITION: 18188000, 21593001, 252788000, 252782004, 252780007, 252783009, 252779009, 252784003, 252781006, 252789008, 252790004, 252846004, 274795007, 274798009, 308110009, 30842004, 314971001, 314972008, 36844005, 390852004, 391999003, 392005004, 410441007, 410451008, 410451009, 410452001, 410453006, 410455004, 416369006, 417587001, 420213007, 425816006, 426880003, 427478009, 53524009, 56072006, 56204000, 6615001, 700070005, 722161008</p> <p>Eye Exam With Evidence of Retinopathy CPT-CAT II: 2022F, 2024F, 2026F</p> <p>Eye Exam Without Evidence of Retinopathy CPT-CAT II: 2023F, 2025F, 2033F</p> <p>Unilateral Eye Enucleation CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p>SNOMED CT US EDITION: 59590004, 172132001, 205336009, 397800002, 397994004, 398031005</p>	<ul style="list-style-type: none"> • Members with Bilateral eye enucleation any time during the member’s history through December 31 of the measurement year: <ul style="list-style-type: none"> - Unilateral eye enucleation with a bilateral modifier - Two unilateral eye enucleations with service dates 14 days or more apart - Left unilateral eye enucleation and right unilateral eye enucleation on the same or different DOS - A unilateral eye enucleation and a left unilateral eye enucleation with service dates 14 days or more apart - A unilateral eye enucleation and a right unilateral eye enucleation with service dates 14 days or more apart. <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	Kidney Health Evaluation for Patients with Diabetes	KED	<p>The percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</p> <p>Note: At least one uACR identified by either of the following:</p> <ul style="list-style-type: none"> Both a quantitative urine albumin test and a urine creatinine test on the same or different dates of service with service dates four days or less apart or A uACR (Urine Albumin Creatinine Ratio Lab Test). 	<p>Estimated Glomerular Filtration Rate Lab Test CPT: 80047, 80048, 80050, 80069, 82565 LOINC: 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6, 102097-3 SNOMED CT USEDITION: 12341000, 18207002, 241373003, 444275009, 444336003, 446913004, 706951006, 763355007</p> <p>Quantitative Urine Albumin lab Test CPT: 82043 LOINC: 100158-5, 1754-1, 14957-5, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7 SNOMED CT USEDITION: 104486009, 104819000</p> <p>Urine Albumin Creatinine Ratio Lab Test LOINC: 9318-7, 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9</p> <p>Urine Creatinine Lab Test CPT: 82570 LOINC: 2161-8, 20624-3, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5 SNOMED CT USEDITION: 8879006, 36793009, 271260009, 444322008</p>	<ul style="list-style-type: none"> Members with a diagnosis of ESRD any time during the member's history on or prior to December 31st of the measurement year. Members who had dialysis any time during the member's history on or prior to December 31st of the measurement year. Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. <p>*These exclusions plus the general exclusions on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	Osteoporosis Management in Women who had a Fracture	OMW	<p>The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.</p> <p>Note: Fractures of finger, toe, face and skull are not included in this measure.</p> <p>The measurement period is from July 1 of the year prior to the measurement year to June 30 of the measurement year.</p>	<p>Bone Mineral Density Tests CPT: 76977, 77078, 77080, 77081, 77085, 77086</p> <p>ICD10PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1</p> <p>SNOMED CT US EDITION: 22059005, 312681000, 385342005, 391057001, 391058006, 391059003, 391060008, 391061007, 391062000, 391063005, 391064004, 391065003, 391066002, 391069009, 391070005, 391071009, 391072002, 391073007, 391074001, 391076004, 391078003, 391079006, 391080009, 391081008, 391082001, 440083004, 440099005, 440100002, 449781000, 707218004, 4211000179102</p> <p>Osteoporosis Medication Therapy HCPCS: J0897, J1740, J3110, J3111, J3489</p>	<ul style="list-style-type: none"> Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. <p>*This exclusion plus the list of Required Exclusions for all Measures on page 1.</p>
	Med Adherence for Diabetes Medications	All Class	<p>The percentage of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy across classes of diabetes medications enough to cover 80% or more of the time they are supposed to be taking the medication.</p> <p>Note: Diabetes medications include: biguanides, sulfonylureas, thiazolidinediones, DPP-4 inhibitors, a GIP/GLP-1 receptor agonists, meglitinides, and sodium glucose cotransporter 2 SGLT2 inhibitors.</p> <ul style="list-style-type: none"> Plan members who take insulin are not included. 	<p>The data for this measure comes from PDE data submitted by drug plans to CMS Drug Data Processing Systems (DDPS) and accepted by the 2025 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2025-December 31, 2025.</p> <p>The PDC is the percent of days in the measurement period “covered” by prescription claims for the same medication or another in its therapeutic category.</p> <p>Beneficiaries are only included in the measure calculation if the first fill of their diabetes medication occurs at least 91 days before the end of the enrollment period, end of measurement period, or death, whichever comes first.</p>	<ul style="list-style-type: none"> Hospice enrollment ESRD diagnosis or dialysis coverage dates One or more prescriptions for insulin

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	Med Adherence for Hypertension	RAS Antagonists	The percent of Medicare Part D beneficiaries 18 years older who adhere to their prescribed drug therapy often enough to cover 80% or more of the time they are supposed to be taking the drug therapy for renin angiotensin system (RAS) antagonists: angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications.	<p>The data for this measure comes from PDE data submitted to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2025 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2025-December 31, 2025.</p> <p>The PDC is the percent of days in the measurement period “covered” by prescription claims for the same medication or another in its therapeutic category.</p> <p>Beneficiaries are only included in the measure calculation if the first fill of their RAS antagonist medication occurs at least 91 days before the end of the enrollment period, end of measurement period, or death, whichever comes first.</p>	<ul style="list-style-type: none"> • Hospice enrollment • ESRD diagnosis or dialysis coverage dates • One or more prescriptions for sacubitril/valsartan
	Med Adherence for Cholesterol (Statins)	Statins	The percentage of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for statin cholesterol medications often enough to cover 80% or more of the time they are supposed to be taking the medication.	<p>The data for this measure comes from PDE data submitted to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2025 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2025-December 31, 2025.</p> <p>The PDC is the percent of days in the measurement period “covered” by prescription claims for the same medication or another in the therapeutic category.</p> <p>Beneficiaries are only included in the measure calculation if the first fill of their statin medication occurs at least 91 days before the end of the enrollment period, end of measurement period, or death, whichever comes first.</p>	<ul style="list-style-type: none"> • Hospice enrollment • ESRD diagnosis or dialysis coverage dates

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
DIABETES/MUSCULO-SKELETAL/CHRONIC CONDITIONS	Statin Use in Persons with Diabetes	SUPD	<p>The percent of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period.</p> <p>Note: This rating is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs.</p> <p>ASCVD is defined as MI, CABG, PCI, IVD or other revascularization procedure.</p>	<p>Beneficiaries are only included in the measure calculation if the first fill of their diabetes medication occurs at least 90 days before the end of the measurement year or end of the enrollment episode.</p> <p>While filling any statin prescription through their Mass Advantage insurance will move the member to compliance, the 2025 Standards of Care in Diabetes by the American Diabetes Association (ADA) continues to recommend the following:</p> <ul style="list-style-type: none"> • For patients with diabetes aged 40-75 years without ASCVD, use moderate-intensity statin therapy in addition to lifestyle therapy, regardless of LDL levels. • In patients with diabetes at higher risk, especially those with multiple ASCVD risk factors or aged 50-70 years, it is reasonable to use high-intensity statin therapy. • For patients who do not tolerate the intended intensity, the maximally tolerated statin dose should be used. <p>Examples of moderate-intensity statins include: atorvastatin 10-20mg, rosuvastatin 5-10mg, simvastatin 20-40mg, pravastatin 40-80mg, lovastatin 40mg</p> <p>High-intensity statins include: atorvastatin 40-80mg, rosuvastatin 20-40mg</p>	<ul style="list-style-type: none"> • Hospice enrollment • ESRD diagnosis or dialysis coverage dates • Rhabdomyolysis and myopathy • Pregnancy • Lactation and fertility • Cirrhosis • Pre-Diabetes • Polycystic Ovary Syndrome

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
CARE COORDINATION	Plan All-Cause Readmissions	PCR	<p>The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for members 18 years of age and older.</p> <p>Note: The denominator for this measure is based on discharges, not members.</p> <p>All acute inpatient or observation stay discharges for members with one or more discharges on or between January 1 and December 1 of the measurement year are included.</p>	<p>All codes related to unplanned readmissions within 30 days of a discharge from an acute inpatient facility.</p> <p>**This is an inverse measure, so members brought into the numerator are considered non-compliant.**</p>	<p>Exclude hospital stays for a the following reasons:</p> <ul style="list-style-type: none"> • The member died during the stay. • Female members with a principal diagnosis of pregnancy on the discharge claim. • A principal diagnosis of a condition originating in the perinatal period on the discharge claim. • Members who use hospice services or elect to use a hospice benefit any time during the measurement year.

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
CARE COORDINATION	Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	FMC	<p>The percentage of emergency department (ED) visits for members 18 years of age and older with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.</p> <p>Note: The denominator for this measure is based on ED visits between January 1 and December 24 of the measurement year, not on members.</p>	<p>Note: Comprehensive list of BH Outpatient codes, Substance use disorder, and Telehealth POS codes are included in the HEDIS Value Sets though not listed here.</p> <p>Complex Care Management Services CPT: 99439, 99490, 99491, 99489, 99487</p> <p>HCPCS: G0506</p> <p>Case Management Encounter CPT: 99366</p> <p>HCPCS: T1016, T2022, T1017, T2023</p> <p>SNOMED CT US EDITION: 386230005, 425604002, 416341003</p> <p>Outpatient and Telehealth CPT: 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99442, 99443, 99455, 99456, 99457, 99458, 99483</p> <p>HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p> <p>SNOMED CT US EDITION: 185317003, 185463005, 185464004, 185465003, 209099002, 281036007, 314849005, 3391000175108, 386472008, 386473003, 401267002, 439740005, 50357006, 444971000124105, 456201000124103, 77406008, 84251009, 86013001, 866149003, 90526000</p> <p>U8REV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p>Transitional Care Management Services CPT: 99495, 99496</p> <p>Visit Setting Unspecified with Outpatient POS CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255</p> <p>Outpatient POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p>	<ul style="list-style-type: none"> Members in hospice or using hospice services any time during the measurement year. Members who die any time during the measurement year. ED visits that result in an inpatient stay.

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
CARE COORDINATION	Transitions of Care	TRC	<p>The percentage of discharges for members 18 years of age and older who had each of the following.</p> <p>Four rates are reported:</p> <ol style="list-style-type: none"> 1. Notification of Inpatient Admission: Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days). 2. Receipt of Discharge Information: Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). 3. Patient Engagement After Inpatient Discharge: Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. 4. Medication Reconciliation Post-Discharge: Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). <p>Note: The denominator for this measure is based on discharges, not on members. If members have more than one discharge, all are included if, on or between January 1 and December 1 of the measurement year.</p>	<p>Medication Reconciliation Encounter CPT: 99483, 99495, 99496</p> <p>CPT-CAT-II: 1111F</p> <p>SNOMED CT US EDITION: 430193006, 428701000124107</p> <p>Outpatient and Telehealth CPT: 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483</p> <p>HCPCS: G0071, G2010, G2012, G2250, G2251, G2252, G0402, G0438, G0439, G0463, T1015</p> <p>SNOMED CT US EDITION: 209099002, 77406008, 84251009, 185317003, 185463005, 185464004, 185465003, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 3391000175108, 444971000124105, 456201000124103, 50357006, 86013001, 866149003, 90526000</p> <p>UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p>Transitional Care Management Services CPT: 99495, 99496</p>	<ul style="list-style-type: none"> Members in hospice or using hospice services any time during the measurement year. Members who died any time during the measurement year.

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
RESPIRATORY/CARDIOVASCULAR	Controlling High Blood Pressure	CBP	The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	<p>Systolic Blood Pressure LOINC: 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 75997-7, 89268-7 SNOMED CT US EDITION: 271649006</p> <p>Systolic Blood Pressure Less Than 130 mm Hg CPT-CAT-II: 3074F</p> <p>Systolic Blood Pressure between 130-139 mm Hg CPT-CAT-II: 3075F</p> <p>Systolic Blood Pressure Greater Than or Equal To 140 mm Hg CPT-CAT-II: 3077F</p> <p>Diastolic Blood Pressure LOINC: 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 75995-1, 89267-9 SNOMED CT US EDITION: 271650006</p> <p>Diastolic Blood Pressure Less Than 80 mm Hg CPT-CAT-II: 3078F</p> <p>Diastolic Blood Pressure 80-89 mm Hg CPT-CAT-II: 3079F</p> <p>Diastolic Blood Pressure Greater Than or Equal To 90 mm Hg CPT-CAT-II: 3080F</p>	<ul style="list-style-type: none"> Members with evidence of end-stage renal disease (ESRD) any time during the member's history on or prior to December 31 of the measurement year. Members with evidence of dialysis, nephrectomy, or kidney transplant any time during the member's history on or prior to December 31 of the measurement year. Members with a diagnosis of pregnancy any time during the measurement year. <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1.</p>
	Statin Therapy for Patients with Cardiovascular Disease	SPC	<p>The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year who were indentified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</p> <p>Note: ASCVD is defined as MI, CABG, PCI, IVD or other revascularization procedure.</p>	<p>This rating is based on the percent of members with heart disease who get the right type of cholesterol-lowering drugs.</p> <p>The American College of Cardiology and American Heart Association (ACC/AHA) guidelines recommend use of moderate to high-intensity statins or maximally tolerated statins in adults with established clinical ASCVD.</p> <p>To be considered compliant, the member must have filled a moderate or high-intensity statin.</p> <p>Examples of moderate-intensity statins include: atorvastatin 10-20mg, rosuvastatin 5-10mg, simvastatin 20-40mg, pravastatin 40-80mg, lovastatin 40mg</p> <p>High-intensity statins include: atorvastatin 40-80mg, rosuvastatin 20-40mg</p>	<ul style="list-style-type: none"> Diagnosis of pregnancy, in vitro fertilization, prescription for clomiphene, ESRD, dialysis, cirrhosis in the measurement year or year prior to the measurement year. Myalgia, myositis, or rhabdomyolysis in the measurement year. <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
PREVENTION AND SCREENING	Colorectal Cancer Screening	COL-E	<p>The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.</p> <p>Appropriate screenings are defined by one of the following:</p> <ul style="list-style-type: none"> • FOBT during the measurement year. • Flexible sigmoidoscopy during the measurement year or the 4 years prior to the measurement year. • Colonoscopy during the measurement year or the 9 years prior to the measurement year. • CT colonography during the measurement year or the 4 years prior to the measurement year. • Stool DNA (sDNA) with FIT test during the measurement year or the 2 years prior to the measurement year. 	<p>Colonoscopy CPT: 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398 HCPCS: G0105, G0121 SNOMED CT US EDITION: 1209098000, 12350003, 25732003, 34264006, 73761001, 174158000, 174185007, 235150006, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 48021000087103, 48031000087101, 709421007, 710293001, 711307001, 789778002, 8180007</p> <p>CT Colonography CPT: 74261, 74262, 74263 LOINC: 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3 SNOMED CT US EDITION: 418714002</p> <p>sDNA FIT Lab Test CPT: 81528 LOINC: 77353-1, 77354-9</p> <p>Flexible Sigmoidoscopy CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 HCPCS: G0104 SNOMED CT US EDITION: 44441009, 396226005, 425634007</p> <p>FOBT Lab Test CPT: 82270, 82274 HCPCS: G0328 LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 SNOMED CT US EDITION: 104435004, 441579003, 442067009, 442516004, 442554004, 442563002</p> <p>FOBT Test Result or Finding SNOMED CT US EDITION: 59614000, 167667006, 389076003, 71711000112103</p>	<p>Colorectal cancer or a total colectomy anytime in member Hx through Dec 31 measurement year.</p> <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1.</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PREVENTION AND SCREENING</p>	<p>Breast Cancer Screening</p>	<p>BCS-E</p>	<p>The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.</p> <p>Note: Measurement period for testing is October 1 two years prior to the measurement period through the end of the measurement year.</p>	<p>Mammography CPT: 77061, 77062, 77063, 77065, 77066, 77067</p> <p>LOINC: 103892-6, 103885-0, 103886-8, 103894-2, 103893-4, 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3</p> <p>SNOMED CT US EDITION: 12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102</p>	<ul style="list-style-type: none"> Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period. <p>Any of the following meet the criteria for bilateral mastectomy:</p> <ul style="list-style-type: none"> Bilateral mastectomy Unilateral mastectomy with bilateral modifier Unilateral mastectomy found in clinical data with a bilateral modifier History of bilateral mastectomy Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service. <p>*These exclusions plus the list of Required Exclusions for all Measures on page 1..</p>

Domain	Measure Name	Abbreviation	Measure Description	Coding Guidance	Measure Exclusions
OVERUTILIZATION	Concurrent Use of Opioids and Benzodiazepines	COB	<p>The percent of Medicare Part D beneficiaries 18 years and older with concurrent use of prescription opioids and benzodiazepines during the measurement period.</p> <p>Note: The PQA (Pharmacy Quality Alliance) defines concurrent use as overlapping days supply for an opioid and benzodiazepine at least 30 cumulative days during the measurement period. The COB measurement period starts at the date of the first opioid prescription claim and the end of the enrollment episode must extend at least 30 days from the first opioid prescription claim.</p>	<p>The data for this measure comes from PDE data submitted to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2025 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2025-December 31, 2025.</p> <p>**This is an inverse measure, so members brought into the numerator are considered non-compliant.**</p>	<ul style="list-style-type: none"> • Hospice enrollment during the measurement year • Members who received palliative care services during the measurement year • Cancer diagnosis during the measurement year • Sickle cell disease diagnosis during the measurement year
	Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults	POLY-ACH	<p>The percent of Part D beneficiaries 65 years of age or older with concurrent use of two or more unique anticholinergic (ACH) medications during the measurement period.</p> <p>Note: The PQA defines concurrent use as overlapping days supply for at least 30 cumulative days during the measurement period. The Poly-ACH measurement period starts at the date of the first anticholinergic prescription claim and the end of the enrollment episode must extend at least 30 days from the first prescription claim.</p>	<p>The data for this measure comes from PDE data submitted to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2025 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2025-December 31, 2025.</p> <p>When prescribing an anti-cholinergic medication, review the patient's current medication list for other anti-cholinergic drugs they are already taking.</p> <p>Commonly-used anti-cholinergic medications include: cyclobenzaprine, hydroxyzine, paroxetine, amitriptyline, doxepin, nortriptyline, olanzapine, OAB medications (darifenacin, oxybutynin, tolterodine, etc.), prochlorperazine, promethazine.</p> <p>**This is an inverse measure, so members brought into the numerator are considered non-compliant.**</p>	<ul style="list-style-type: none"> • Hospice enrollment during the measurement year