

Patient Name: _____ DOB: _____ DOS: _____

Use as reference tool or superbill. Circle the code for each measure documented in your progress note & give to your biller		
Measure	Actions To Take	Appropriate Codes
Adult Body Mass Index (BMI) (Ages 18-74) Annually	Document weight and BMI	Z68.1- 19< Z68.33- 33.0-33.9 Z68.21- 21.0-21.9 Z68.34- 34.0-34.9 Z68.22- 22.0-22.9 Z68.35- 35.0-35.9 Z68.23- 23.0-23.9 Z68.36- 36.0-36.9 Z68.24- 24.0-24.9 Z68.37- 37.0-37.9 Z68.25- 25.0-25.9 Z68.38- 38.0-38.9 Z68.26- 26.0-26.9 Z68.39- 39.0-39.9 Z68.27- 27.0-27.9 Z68.41- 40.0-44.9 Z68.28- 28.0-28.9 Z68.42- 45.0-49.9 Z68.29- 29.0-29.9 Z68.43- 50.0-59.9 Z68.30- 30.0-30.9 Z68.44- 60.0-69.9 Z68.31- 31.0-31.9 Z68.45- 70+ Z68.32- 32.0-32.9
Controlling High Blood Pressure Annually (Ages 18-85 w/ HTN dx)	Document latest blood pressure reading (considered controlled <140/90 for diabetic patients or non-diabetics aged 18-59 OR <150/90 for non-diabetic patients aged 60-85)	3074F sys <130 3078F dia <80 3075F sys 130-139 3079F dia 80-89 3077F sys ≥140 3080F dia ≥90
Care of Older Adults (Ages 66+) Annually <ul style="list-style-type: none"> • Advance Care Planning • Medication Review • Functional Assessment • Pain Assessment 	Document end-of-life care discussion OR Obtain evidence of advance care planning (advance directive, living will, POA)	1158F Advanced care planning discussion documented in medical record AND/OR 1157F Legal document present in medical record
	Medication listed AND reviewed, signed and dated by an MD/PA/NP (include OTC & herbals)	1159F Med list documented in medical record AND 1160F Med list reviewed by provider
	Document that ADL's or IADL's were assessed OR complete a standardized functional status tool	1170F Functional status assessed
	Document pain assessment or use a standardized pain assessment tool	1125F Pain present, severity quantified 1126F No pain present
Comprehensive Diabetic Care (Ages 18-75) Annually <ul style="list-style-type: none"> • Blood Sugar Control • Kidney Disease Monitoring • Diabetic Retinal Eye Exam 	Document date and result of latest HbA1C (considered controlled if ≤ 9*)	3044F: A1c <7% 3045F: A1c 7%-9% 3046F: A1c >9%
	Document date and result of latest microalbumin	3060F: Positive microalbumin 3061F: Negative microalbumin
	Document date and result of current year retinal eye exam OR Document negative retinal eye exam in prior year	2022F Current year diabetic retinal eye report documented and reviewed OR 3072F Prior year negative result documented
Medication Reconciliation (Ages 18+w/admission)	Medication Reconciliation by prescribing practitioner, clinical pharmacist, or RN on date of hospital discharge through 30 days after discharge Document reconciliation/review of active medications with discharge medication <i>Outpatient visit is not required</i>	1111F: reconciliation of discharge medications with active medications in outpatient record

STAR DOCUMENTATION & REPORTING TIPS

ALL DOCUMENTATION CAN BE FAXED TO 480-403-8219

Measure	Actions To Take
<p>Colorectal Cancer Screening (Ages 50-75) Colonoscopy every 10 years OR a flexible sigmoidoscopy every 5 years OR Colonography every 5 years Or FIT DNA every 3 years OR a FIT kit every year</p>	<p>Documentation of one of the following: colonoscopy every 10 years, flexible sigmoidoscopy every 5 years, CT Colonography 5 years, FIT-DNA test every 3 years, or FOBT (gFOBT/FIT-test) yearly Fax the medical record that indicates the type and date test was completed, and the result if known (either a chart note or the actual report) If patient had colorectal cancer or had a total colectomy, fax progress note with the date of cancer diagnosis or total colectomy</p> <p style="text-align: center;"><i>Measure is met through specialist claim submission if completed in the current year</i> OR <i>Your documentation of a completed test in the required time frame</i></p>
<p>Breast Cancer Screening (Ages 50-74) Mammogram every 2 years</p>	<p>Order a mammogram every two years If patient already had a mammogram in the current or prior year, fax the medical record that indicates the date the mammogram was completed and the result if known (either a chart note or the actual report) If patient had one bilateral or two unilateral mastectomies, fax progress note with the date of each mastectomy</p> <p style="text-align: center;"><i>Measure is met through radiology data if completed in the current year</i> OR <i>Your documentation of a completed mammogram in current or previous year</i></p>
<p>Osteoporosis Management in Women (Ages 67-85 who suffered a fracture in measurement year) Bone density scan or osteoporosis prescription within 6 months of fracture</p>	<p>Order a bone density scan or an osteoporosis medication (Bisphosphonates, Calcitonin, Raloxifen, Forteo, Prolia) within 6 months of a non-traumatic fracture unless patient had a bone density scan within 2 years of the fracture If patient already had a bone density scan within 2 years of fracture, fax the medical record that indicates the date the scan was completed (either a chart note or the actual report)</p> <p style="text-align: center;"><i>Measure is met through radiology data if completed in the current year OR pharmacy data showing that an appropriate medication was filled at least once in current year</i> OR <i>Your documentation of completed Dexa within 2 years of fracture</i></p>
<p>DMARD Therapy for Rheumatoid Arthritis (Ages 18+ with RA diagnosis) Annually DMARD prescription filled at least once a year</p>	<p>Document Rheumatoid Arthritis only if diagnosis is certain Consider Inflammatory Polyarthropathy, unspecified (M06.4) if exact nature of rheumatologic disorder is uncertain Once diagnosed, prescribe DMARD therapy or send patient to Rheumatologist for treatment Document if medication is contraindicated or patient refuses (does not meet the measure) If RA was erroneously coded on claim, contact AZPC Stars Coordinator 480-499-8700 ext. 8187 List of <u>DMARD Medications</u>: Actemra, Arava, Azasan, Azathioprine, Azulfidine, CellCept, Cimzia, Cuprimine, Cyclophosphamide, Cyclosporine, Depen, Dynacin, Enbrel, Gengraf, Humira, Hydroxychloroquine Sulfate, Imuran, Kineret, Leflunomide, Methotrexate, Minocin, Minocycline, Mycophenolate Mofeil, Myrac, Neoral, Orenzia, Otrexup, Plaquenil, Rasuvo, Remicade, Rheumatrex, Ridaura, Rituxan, Sandimmune, Simponi, Solodyn, Sulfasalazine, Sulfazine, Trexall, Xeljanz</p> <p style="text-align: center;"><i>Measure is met only through pharmacy data showing that the prescription was filled at least once a year.</i></p>