

2020 STAR Measures (Part C)



MEASURE	DETAILS	CODES & INFORMATION
Adult Body Mass Index Assessment (ABA) STAR Weight: 1		
Description: Percentage of members ages 18-74 who had an outpatient visit and had a documented BMI during the measurement year (MY) or year prior (YP) to the measurement year	Exclusions: <u>Optional:</u> Pregnancy during MY or YP <u>Standard:</u> Hospice Medical Record: • For ages 20 and older, document weight & BMI value • For ages 18-19, document height, weight, & BMI percentile	BMI Value ICD10 Codes: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45 BMI Percentile ICD10 Codes: Z68.51-Z68.54
Breast Cancer Screening (BCS) STAR Weight: 1		
Description: Percentage of female members ages 50-74 who had a mammogram screening between October 1st two years prior to the MY through December 31st of the MY	Exclusions: <u>Optional:</u> Bilateral mastectomy unilateral mastectomy with bilateral modifier any combination of codes that indicate left & right mastectomy on the same or different dates of services history of bilateral mastectomy <u>Standard:</u> Hospice Medicare members ages 66 and older as of Dec 31st of MY, living in a long-term care institution or enrolled in an Institutional SNP (I-SNP) Members ages 66 and older as of Dec 31st of MY with frailty <i>and</i> advanced illness Medical Record: Record the date of service and result of the screening. All types of mammogram methods qualify for compliance (screening, diagnostic, digital, and digital breast tomosynthesis).	HCPCS Codes: G0202, G0204, G0206 CPT Codes: 77055-77057, 77061-77063, 77065-77067 ICD 10 Codes: (Exclusion codes) Z90.11, Z90.12, Z90.13
Colorectal Cancer Screening (COL) STAR Weight: 1		
Description: Percentage of members ages 50-75 who had an appropriate screening for colorectal cancer, including any of the following: • Colonoscopy: Performed in MY or nine years prior • Flexible Sigmoidoscopy: Performed in MY or four years prior • CT Colonography: Performed in MY or four years prior • FIT-DNA: Performed in MY or two years prior • FOBT (gFOBT or FIT): Performed in MY	Exclusions: <u>Optional:</u> Total colectomy colorectal cancer <u>Standard:</u> Hospice Medicare members ages 66 and older as of Dec 31st of MY, living in a long-term care institution or enrolled in an Institutional SNP (I-SNP) Members ages 66 and older as of Dec 31st of MY with frailty <i>and</i> advanced illness Medical Record: Document the date the screening was performed, not merely ordered. Pathology reports must include the date and the type of screening performed or evidence the scope advanced beyond the splenic flexure for a colonoscopy & evidence the scope advanced into the sigmoid colon for a flexible sigmoidoscopy. For gFOBT tests, 3 cards must be returned. • <i>Digital rectal exams or FOBT tests performed in the office setting or collected via DRE do not qualify for compliance.</i>	Colonoscopy: CPT/CPT II Codes: G0105, G0121 CT Colonography CPT/CPT II Codes: 74261-74263 FIT-DNA Test CPT/CPTII Codes: 81528 HCPCS Codes: G0464 Flexible Sigmoidoscopy CPT/CPTII Codes: 45330-45335, 45337-45342, 45345-45347, 45349, 45350 FOBT/FIT: CPT/CPTII Codes: 82270, 82274 HCPCS Codes: G0328 Colorectal Cancer (Exclusion Codes) ICD10 Codes: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Care of Older Adults (COA) STAR Weight: 1, ^No STAR Weight		
Description: Percentage of members ages 66 and older enrolled in a Medicare Special Needs Plan (SNP) or Medicare-Medicaid Plan (MMP) who had each of the following performed in the MY: • Functional Status Assessment • Pain Assessment • Medication Review • Advance Care Planning^	Exclusions: <u>Standard:</u> Hospice Medical Record: • Functional Status Assessment: Document a complete functional status assessment and the date performed, not limited to one single condition. Assessments may include: Instrumental activities of Daily Living (IADL), ADLs, or body systems assessments. • Pain Assessment: Document an assessment for pain with positive or negative findings, or the result of a standardized tool along with the date. • Medication Review: Documentation of the most current medication list and a medication review completed by a prescribing practitioner or clinical pharmacist. A medication list signed and dated by the appropriate provider qualifies as compliant. • Advance Care Planning: Either the presence of an advance care plan, an advance care planning discussion with a physician and the date it was discussed, or a notation that member previously executed an advance care plan, (e.g., advance directives, actionable medical orders, living will, surrogate decision maker).	Functional Assessment CPT/CPTII Codes: 99483, 1170F HCPCS Codes: G0438, G0439 Pain Assessment CPT/CPTII Codes: 1125F, 1126F Medication Review CPT/CPTII Codes: 90863, 99483, 99605, 99606, 99495, 99496, 1159F & 1160F HCPCS Codes: G8427 Advance Care Planning CPT/CPTII: 99483, 99497, 1123F, 1124F, 1157F, 1158F HCPCS Codes: S0257 ICD10 Codes: Z66
Medication Reconciliation Post-Discharge (MRP) STAR Weight: 1		
Description: Percentage of discharges between January 1st and December 1st of the MY for members ages 18 and older who have a medication reconciliation completed on the date of discharge through 30 days post-discharge (31 total days)	Exclusions: <u>Standard:</u> Hospice Medical Record: Medication reconciliations must be done by a prescribing practitioner, clinical pharmacist or registered nurse and have evidence of either: • Documented current meds with notation that reconciliation was done between current and discharge meds. • Documented current meds with notation that references discharge meds (e.g., no med changes since discharge, d/c discharge meds, no discharge meds ordered). • Documentation of current meds with notation discharge meds were reviewed. • Documentation of current med list, discharge med list and notation both lists were reviewed on same date of service. • Current meds listed w/evidence of a post-discharge f/u visit and notation of medication reconciliation or review. • Discharge summary notating discharge meds were reconciled with current meds and summary was filed in the outpatient chart within 30 days of discharge.	CPT/CPTII Codes: 99483, 99495, 99496, 1111F

2020 STAR Measures (Part C)

MEASURE	DETAILS	CODES & INFORMATION
Osteoporosis Management in Women Who Had a Fracture STAR Weight: 1		
<p>Description: Percentage of female members ages 67-85 who had a fracture and had either a bone mineral density (BMD) test or a prescription drug to treat osteoporosis in the six months after the fracture</p> <p><i>Note: Finger, toe, face and skull fractures are not included</i></p>	<p>Exclusions: <u>Standard:</u> Hospice Members who had a BMD during the 24 months prior to fracture Members who received osteoporosis therapy during the 12 months prior to fracture and billed and/or dispensed Medicare members ages 67 and older as of Dec 31st of MY, living in a long-term care institution or enrolled in an Institutional SNP (I-SNP) Members ages 67-80 as of Dec 31st of MY with frailty and advanced illness Members 81 years and older as of Dec 31st of MY with frailty during the period between fracture and end of MY</p> <p>Medical Record: If fracture resulted in an inpatient stay, a BMD test or long-acting osteoporosis therapy administered during the stay will comply the measure.</p>	<p>Bone Mineral Density Test: CPT Codes: 76977, 77078, 77080-77082, 77085, 77086</p> <p>Osteoporosis Medications: HCPCS Codes: J0897, J1740, J3110, J3489</p>
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART) Star Weight: 1		
<p>Description: Percentage of members ages 18 and older diagnosed with rheumatoid arthritis (RA) and dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD)</p>	<p>Exclusions: <u>Optional:</u> HIV Pregnancy during MY <u>Standard:</u> Hospice Medicare members ages 66 and older as of Dec 31st of MY, living in a long-term care institution or enrolled in an Institutional SNP (I-SNP) Members ages 66-80 as of Dec 31st of MY with frailty and advanced illness Members ages 81 and older as of Dec 31st with frailty in MY</p> <p>Medical Record: DMARD medication must be billed in order to comply with measure. Consider inflammatory polyarthropathy (M06.4) when member is being worked up and diagnosis is not Confirmed.</p>	<p>DMARD Medications: HCPCS Codes: J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310, Q5102-Q5204</p>
Comprehensive Diabetes Care (CDC) Star Weight: 1,*3		
<p>Description: Percentage of members ages 18-75 diagnosed with diabetes (Type 1 or 2) or who were dispensed insulin or hypoglycemics/antihyperglycemics and have completed the following:</p> <ul style="list-style-type: none"> • Hemoglobin A1c Screening (HbA1c)*: A completed HbA1c screening with a controlled result on the most recent encounter in MY (Controlled ≤ 9%) • Medical Attention for Nephropathy: A completed nephropathy screening or evidence of nephropathy in MY • Eye Exam (Retinal): A completed retinal screening by eye care professional in MY or YP (if negative) or history of bilateral eye enucleation 	<p>Exclusions: <u>Optional:</u> Diagnosis of gestational or steroid-induced diabetes during MY or YP <u>Standard:</u> Hospice Medicare members ages 66 and older as of Dec 31st of MY living in a long-term care institution or enrolled in an Institutional SNP (I-SNP) Members ages 66 and older as of Dec 31st of MY with frailty and advanced illness</p> <p>Medical Record:</p> <ul style="list-style-type: none"> • HbA1c: Documentation of note indicating date HbA1c was performed, not merely ordered, and the result • Nephropathy: Evidence of either: urine protein test with result, documentation of renal transplant, medical attention for diabetic nephropathy, ESRD, acute/chronic renal failure, chronic kidney disease, renal insufficiency, proteinuria, albuminuria, renal dysfunction, evidence of nephrectomy, visit to a nephrologist, evidence of ACE inhibitor/ARB therapy in MY • Eye Exam: Evidence of either: the date and result of a retinal or dilated eye exam in the MY or YP (if result is negative for retinopathy) completed by an eye care Professional, a chart note or photograph with date fundus photography was performed and evidence an eye care professional reviewed the results, evidence of a bilateral eye enucleation any time during the member's history 	<p>HbA1c CPT/CPTII Codes: 83036, 83037, 3044F, 3045F*, 3046F, 3051F, 3052F</p> <p>Nephropathy CPT/CPTII Codes: 81000-81003, 81005, 82042-82044, 84156, 3060F, 3061F, 3062F, 3066F, 4010F</p> <p>Eye Exam CPT/CPTII Codes: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F</p> <p><small>*CPT Codes 3045F has been updated by the American Medical Association (AMA) deleting the code and replacing codes with CPT Codes 3051F and 3052F as of January 1, 2020</small></p>
Statin Therapy for Patients with Cardiovascular Disease STAR Weight: 1		
<p>Description: Percentage of male members ages 21-75 and female members ages 40-75 who have clinical atherosclerotic cardiovascular disease (ASCVD) and receive at least one fill of a moderate- or high-intensity statin medication in MY and remain adherent on a moderate- or high-intensity statin for at least 80% of the treatment period</p>	<p>Exclusions: <u>Standard:</u> Hospice Pregnancy In Vitro Fertilization Dispensed at least one prescription for clomiphene ESRD or dialysis Cirrhosis Myalgia, myositis, myopathy or rhabdomyolysis Medicare members ages 66 and older as of Dec 31st of MY, living in a long-term care institution or enrolled in an Institutional SNP (I-SNP) Members ages 66 and older as of Dec 31st of MY with frailty and advanced illness</p>	<p>Muscular Pain and Disease: ICD 10 Codes: (exclusion codes) G72.0, G72.2, G72.9, M60.80, M60.811-12, M819, M60.821-22, M60.829, M60.831-32, M60.839, M60.841-42, M60.849, M60.851-52, M60.859, M60.861-12, M60.869, M60.871-72, M60.879, M60.88-89, M60.9, M62.82, M79.1, M79.10-12, M79.18</p>
Controlled Blood Pressure (CBP) STAR Weight: NA		
<p>Description: Percentage of members ages 18-85 who had at least two visits on different dates of services with a diagnosis of hypertension (HTN) in MY or YP and whose most recent blood pressure (BP) was adequately controlled (<140/90 mmHg) during the MY</p> <p><i>Note: Only one of two visits may be a telephone visit, online assessment or telehealth visit.</i></p>	<p>Exclusions: <u>Optional:</u> ESRD Dialysis Nephrectomy Kidney transplant Pregnancy Members with non-acute inpatient admission during MY <u>Standard:</u> Hospice Medicare members ages 66 and older as of Dec 31st of MY living in a long-term care institution or enrolled in an Institutional SNP (I-SNP) Members ages 66-80 as of Dec 31st of MY with frailty and advanced illness Members 81 years and older as of Dec 31st of MY with frailty</p> <p>Medical Record: If multiple BP measurements occur on the same date, use the lowest systolic and lowest diastolic combination. BP can be taken from a remote monitor device only when digitally stored and transmitted directly to the provider.</p>	<p>CPT/CPT II Codes: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 3074F, 3075F, 3077F, 3078F, 3079F, 3080F</p> <p>HCPCS Codes: G0402, G0438, G0439, G0463, T1015</p> <p>Remote BP Monitoring CPT Codes: 93784, 93788, 93790, 99090</p> <p>Online Assessments: 98969</p> <p>Telephonic Visits: 98966-98968, 99441-99443</p>