MedPOINT MANAGEMENT
Pointing Healthcare In The Right Direction

ICD-10 Provider Medicare STAR Quality Indicators Guide 2016

Healthcare Effectiveness Data and Information Set (HEDIS)

Developed by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of performance measures in the managed care industry. It contains measures that show health plans those areas where a stronger focus could lead to improvements in member health. HEDIS reporting is mandated by NCQA for compliance and accreditation.

MEASURE	Wt	4 Stars	WHAT SERVICE IS NEEDED	ACCEPTABLE CODES
Breast Cancer Screening (C01 / BCS) Percentage of women 50 to 74 years old who had a mammogram.	1	>74%	One screening mammogram every 27 months.	**Encounter/Claim with Codes:** **CPT®:** 77055,77056,77057 **HCPCS:** G0202, G0204, G0206 **ICD-10:** Z12.31, Z12.39 **Exclusion:** Bilateral Mastectomy **ICD-10:** Z90.13
Colorectal Cancer Screening (C02 / COL) Percentage of members 50 to 75 years old who have evidence of **one** of the following three tests: • Fecal occult blood test • Flexible sigmoidoscopy • Colonoscopy	1	>71%	• Fecal occult blood (FOBT, gFOBT or iFOBT) test in **current** measurement year **AND/OR** • Flexible sigmoidoscopy in the **past 5 years** **AND/OR** • Colonoscopy in the **past 10 years** **NOTE**: Clear documentation of previous colonoscopy or sigmoidoscopy, including year performed, is required	**Colonoscopy CPT:** 44388, 44389, 44390, 44391, 44392, 44393, 44394 44397, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45391, 45392 **HCPCS:** G0105, G0121 **Flexible Sigmoidoscopy CPT:** 45330-45335, 45337-45342, 45345 **HCPCS:** G0104 **FOBT CPT:** 82270, 82274 **FOBT ICD-10:** Z12.11 **HCPCS:** G0328
Adult Body Mass Index (BMI) Assessment (C07 / ABA) The percentage of members 18 to 74 years of age who had an outpatient visit and who had a BMI documented during the measurement year or the year prior to the measurement year.	1	>90%	For members **21 years and older** document **weight and BMI** value every one to two years. For members **younger than 21 years** document **height, weight and BMI percentile** every one to two years All data must be from the same data source.	**BMI ICD-10:** Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45
Care for Older Adults (COA) *[Medicare Special Needs Plan **(SNP) only]*** The percent of eligible Special Needs Plan (SNP) enrollees 66 years and older who received the following during the measurement year: 1. **Medication Review** (C09) – at least one medication review conducted by a prescribing practitioner or clinical pharmacist along with a medication list or documentation of no medications. (continued)	1	>77%	SNP plans are for Medicare and Medi-Medi patients with certain chronic conditions or in a nursing home. **Medication Review** Plan members whose doctor or clinical pharmacist has reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year **and** the presence of a medication list in the medical record. **Note:** A review of side effects for a single medication at the time of prescription alone is not sufficient. **Functional Status Assessment** Documentation in the medical record of at least one complete functional status assessment in 2016 including the date performed. Notations for a complete functional status assessment may include the following:	**Medication Review**: **CPT®:** 90863, 99605, 99606 **CPT II:** 1160F **Medication List**: **CPT II:** 1159F **HCPCS:** G8427 **Functional Status Assessment**: **CPT® II:** 1170F **Pain Assessment:** **CPT II:** 1125F, 1126F

MEASURE	Wt	4 Stars	WHAT SERVICE IS NEEDED	ACCEPTABLE CODES
2. **Functional Status Assessment** (C10). 3. **Pain Assessment** (C11) or pain management plan.		>67% >78%	• Assessment of instrumental activities of daily living (IADL) such as shopping for groceries, driving, using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications or handling finances, **or** • Assessment of activities of daily living (ADL) such as bathing, dressing, eating, transferring, using toilet, walking, **or** • Results using a standardized functional status assessment tool, **or** • Assessment of three of the following four components: - Cognitive status (language, construction, memory, calculations and reasoning). - Ambulation status (ability to walk) - Sensory ability (hearing, vision, 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.	
Osteoporosis Screening and Management after Fracture (OMW / C12) The percentage of females 67–85 years who suffered a fracture and had either a bone mineral density (BMD) test **or** prescription for a drug to treat osteoporosis in the six months after the fracture. **Osteoporosis Therapies:** **Biphosphonates** Alendronate-cholecalciferol, Alendronate, Ibandronate, Risedronate, Zoledronic acid. **Other Agents** Calcitonin, Denosumab, Raloxifene, Teriparatide	1	>51%	Appropriate testing or treatment for osteoporosis after the fracture. 2016 FDA approved osteoporosis therapies are available at: http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2016/HEDIS2016NDCLicense/HEDIS2016FinalNDCLists.aspx	**Bone Mineral Density Tests CPT:** 76977, 77078, 77080 -77082, 77085 **HCPCS:** G0130 **AND/OR** **Osteoporosis Medications:** **HCPCS**: J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051 **Long-Acting Osteoporosis Medications HCPCS:** J0897, J1740, J3487 -J3489, Q2051 **Codes to Identify Fractures:** **CPT**: There are 157 CPT codes to identify fractures starting at 21800 through 29856. Please refer to CPT code book or your biller for specific codes. **HCPCS:** S2360 **Fractures:** **ICD-10:** M48.40XA – S92.909B

<table>
<tr><th>MEASURE</th><th>Wt</th><th>4 Stars</th><th>WHAT SERVICE IS NEEDED</th><th>ACCEPTABLE CODES</th></tr>
<tr><td>Diabetes Care – Dilated or Retinal Eye Exam
(CDC / C13)
Percentage of diabetic members (Type I or Type II) 18-75 years old who have received a comprehensive eye exam</td><td>1</td><td>>75%</td><td>Diabetics who had one of the following with an eye care professional (optometrist or ophthalmologist) during the current measurement year:
• A retinal or dilated eye exam by an eye care professional (positive for retinopathy) (every year).
• A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (every 2 years).
Note: At a minimum, medical record documentation must include a letter prepared by an ophthalmologist, optometrist, PCP that eye professional completed exam, date of service and result.</td><td>Diabetic Retinal Screening CPT: 67028 - 99245
HCPCS: S0620, S0621, S3000
Diabetic Retinal Screening Negative CPT II: 3072F
Diabetic Retinal Screening with Eye Care Professional CPT II: 2022F, 2024F, 2026F
HCPCS: S0625

Exclusions: Gestational diabetes (diabetes during pregnancy), steroid induced.</td></tr>
<tr><td>Diabetes Care – Kidney Disease Monitoring (Nephropathy)
(CDC / C14)
Percentage of diabetic members (Type I or Type II) 18-75 years old who received medical attention for nephropathy (nephropathy screening test or evidence of nephropathy).</td><td>1</td><td>>93%</td><td>A nephropathy screening or monitoring test or evidence of nephropathy during the measurement year.

Including any one of the following:
• urine protein test
• nephropathy treatment
• ACE/ARB therapy
• evidence of stage 4 chronic kidney disease
• evidence of ESRD
• evidence of kidney transplant
• a visit with a nephrologist
• at least one ACE inhibitor or ARB dispensing event from medication list table. (refer to NCQA for a comprehensive list.)</td><td>Nephropathy Treatment CPT II: 3066F, 4010F
Nephropathy Treatment ICD-10: E08.22- R80.9
Urine Protein Tests CPT: 81000, 81001, 81002, 81003, 81005, 82042, 82043, 82044, 84156
Urine Protein Tests CPT II: 3060F - 3062F
HCPCS: G0257, S2065, S9339

CKD Stage 4 ICD-10: N18.4
Kidney Transplant CPT: 50300-50380
Kidney Transplant ICD-10: Z94.0
ESRD CPT: 36147- 99512
ESRD HCPCS: G0257, S9339
ESRD ICD-10: N18.5-Z99.2

Exclusions: Gestational diabetes, steroid induced diabetes.</td></tr>
<tr><td>Diabetes Care – Blood Sugar (HbA1c) Controlled
(CDC / C15)
Percentage of diabetic members 18-75 years old who have evidence of:
• HbA1c testing
• HbA1c control <8.0%
• HbA1c poor control >9.0%</td><td>3</td><td>>71%</td><td>Documentation of a hemoglobin (HbA1c) blood test in measurement year date and result.</td><td>HbA1c Tests CPT: 83036, 83037
HbA1c Level < 7.0 CPT II: 3044F
HbA1c Level 7.0-9.0 CPT II: 3045F
HbA1c Level > 9.0 CPT II: 3046F

Exclusions: Gestational diabetes, steroid induced diabetes.</td></tr>
<tr><td>Controlling Blood Pressure
(CBP / C16)
Percentage of members 18-85 years old diagnosed with hypertension who have a blood pressure reading below 140/90 mmHg.</td><td>3</td><td>>75%</td><td>Documentation of the most recent blood pressure in current year as long as it occurred after the diagnosis;
• Ages 18-59 whose BP was <140/90;
• Ages 60-85 with a diagnosis of Diabetes whose BP was <140/90;
• Ages 60-85 without a diagnosis of Diabetes whose BP was <150/90.</td><td>Essential Hypertension (primary) ICD-10: I10
CPT II: 3074F, 3075F, 3077F – 3080F
Exclusions: Members with evident ESRD; diagnosis of pregnancy during 2016; members who had an admission to a non-acute inpatient setting in 2016.</td></tr>
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MEASURE	Wt	4 Stars	WHAT SERVICE IS NEEDED	ACCEPTABLE CODES
Rheumatoid Arthritis Management (C17) Disease-Modifying Anti-Rheumatic Drug (DMARD) Therapy for Rheumatoid (ART) Percentage of members 18 and older who were diagnosed with rheumatoid arthritis and were dispensed at least one ambulatory prescription for a DMARD in 2016. **DMARDS include**: • **Aminoquinolines:** Hydroxychloroquine • **5-Aminosalicylates:** Sulfasalazine • **Alkylating agents:** Cyclophosphamide • **Anti-rheumatics:** Auranofin, gold sodium thiomalate, leflunomide, methotrexate, penicillamine • **Immunomodulators:** Abatacept, adalimumab, anakinra, certolizumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, Tocilizumab • **Immunosuppressive agents:** Azathioprine, cyclosporine, mycophenolate **Janus Kinase (JAK) inhibitor:** Tofacitinib • **Tetracyclines:** Minocycline	1	>82%	• Assess all patients with diagnosis of rheumatoid arthritis for DMARD treatment in 2016 • All patients *not* currently treated with a DMARD should be referred for rheumatology consultation to confirm diagnosis and assess for DMARD therapy • Identify any patients misdiagnosed with rheumatoid arthritis. • Identify reasons for not treating with a DMARD on all patients confirmed to have rheumatoid arthritis. Include findings and recommendations of rheumatology consultant. **Note:** Osteo-arthritis (OA) is commonly misdiagnosed as (RA).	**Rheumatoid Arthritis ICD-10**: M05.00 - M06.9 (189 codes available) CPT: 86200, 86431 **AND/OR** **DMARD PRESCRIPTION:** **HCPCS:** J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310
Plan All-Cause Readmissions (PCR / C19) Readmissions to a hospital within 30 days of being discharged. Percent of members 18 years old and older discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition or for a different reason. Patients may have been readmitted 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.	3	<9%	No specific services are needed, other than efforts from the plan and providers around coordination of care and prevention of all readmissions.	No reporting is needed from the providers as data for this measure is taken from health plan data.

Health Outcomes Survey (HOS)

HOS is an annual patient-reported outcome survey, conducted from **April to August** by a contracted Center for Medicare & Medicaid Services (CMS) vendor for Medicare Advantage plans. The goal of the survey is to gather valid and reliable health status data for use in quality improvement activities, public reporting, Medicare Advantage organization accountability and improving health outcomes. The survey contains 68 questions regarding physical and mental health, chronic medical conditions, functional status (e.g., activities of daily living), clinical measures and other health status indicators. Four of the survey areas are included in the CMS Star quality measures. The **2015 Health Outcomes Survey Instrument 3.0** is available here: http://www.hosonline.org/globalassets/hos-online/survey-instruments/hos_2015_survey.pdf.

MEASURE	WT	4 Stars	WHAT IS NEEDED	MEMBER SURVEY QUESTIONS
Improving or Maintaining Physical Health (C04) Percentage of plan members whose physical health was the same or better than expected after two years.	3	>69%	Complete/document **functional assessment**. Encourage member to start, increase or maintain physical activity and document communication. Discuss member's: • Level of exercise or physical activity. • Loss of independence/ performance. • Activities of daily living. • Level of assistance needed. • Social activities.	• In general, would you say your health is: Excellent, Very good, Good, Fair, Poor. • The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf b. Climbing several flights of stairs • During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? a. Accomplished less than you would like as a result of your physical health? b. Were limited in the kind of work or other activities as result of your physical health? • During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
Improving or Maintaining Mental Health (C05) Percentage of plan members whose mental health was the same or better than expected after two years.	3	>80%	• Assess current issues and identify interventions to improve mental health status and document communication. • Make efforts to assure the member understands services rendered.	• During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? a. Accomplished less than you would like as a result of any emotional problems. b. Didn't do work or other activities as carefully as usual as a result of any emotional problems. • How much of the time during the past 4 weeks: a. Have you felt calm and peaceful? b. Did you have a lot of energy? c. Have you felt downhearted and blue? • 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, relatives, etc.)?

Monitoring Physical Activity (C06) Percentage of plan members 65 years of age or older who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level of exercise or physical activity.	1	>55%	Advise member to: • Consult his/her health care provider to determine what level of physical activity is safe and appropriate. • Begin physical activity with short intervals of moderate activity (five to 10 minutes) • Perform flexibility training such as stretching and yoga every day. • Perform strength training, such as carrying laundry or groceries, doing chair exercises or working in the yard two to three days per week. • Perform cardiovascular activities such as walking, rolling a wheelchair or swimming three to five days a week for at least 30 minutes.	• In the past 12 months, did you talk with a doctor or other health provider about your level of exercise of physical activity? *For example*, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise. • 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.

Reducing the Risk of Falling (C18)
Percentage of Medicare members 65 years of age or older who had a fall or had problems with balance or walking in the past 12 months (denominator), who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner (numerator).
	1	>67%	Discuss member balance/fall problem and document prevention interventions.
			
			Prevention/interventions:
			• Regular exercise and exercise programs (e.g., tai chi), may increase strength and improve balance among older adults.
			• Regular medication reviews by physicians or pharmacists can help reduce side effects and drug interactions.
			• Regular eye exams at least once a year can help maintain eye health.
			• Home assessment and modifications may reduce hazards in the home (e.g., improper lighting) that can lead to falls.
			• Fall prevention programs may be needed to provide and install safety devices to be effective in reducing environmental hazards.
				A fall is when your body goes to the ground without being pushed.
				• In the past 12 months, did your doctor or other health provider talk with you about falling or problems with balance or walking?
				• Did you fall in the past 12 months?
				• In the past 12 months have you had a problem with balance or walking?
				• Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:
				  • Suggest that you use a cane or walker.
				  • Check your blood pressure lying or standing.
				  • Suggest that you do an exercise or physical therapy program.
				  • Suggest a vision or hearing testing.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

CAHPS is an annual member survey conducted **February to June** by a contracted CMS vendor for Medicare Advantage plans. The goal of the survey is to assess the experiences of beneficiaries in Medicare Advantage plans. The results of the survey are published in the *Medicare & You* handbook and on the Medicare website: http://www.medicare.gov. Areas of the member survey are included in the STARs measures reporting. The Adult **Clinician & Group (CG) Survey 3.0** has 31 questions and is available here: https://cahps.ahrq.gov/surveys-guidance/cg/instructions/downloadsurvey3.0.html, including Child Survey.

MEASURE	WT	See Below	WHAT IS NEEDED	MEMBER SURVEY QUESTIONS
Annual Flu Vaccine (C03)	1	>75%	• Order influenza vaccine for your office in advance of flu season. • Identify options for purchasing additional vaccines and/or referring patients to alternative administration sites, should demand exceed your supply of vaccines. • Make sure all eligible members are encouraged to and receive an influenza vaccination between September and December each year. • Make efforts to assure the member understands services rendered. NOTE: Make sure claim/encounter is submitted that includes the appropriate CPT code for the flu shot administration date of service.	• Have you had a flu shot since July 1, 2015?
Getting Needed Care (C20)	1.5	>84%	• Facilitate referral issuance and assist with the arrangement of specialist appointments, as appropriate.	• In the last 6 months, how often was it easy to get appointments with specialists? • In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your health plan?
Getting Appointments and Care Quickly (C21)	1.5	>77%	• Assure limited wait times and the availability of urgent appointments.	• In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed? • In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? • In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?
Rating of Health Care Quality (C23)	1.5	>86%	• Ask questions to gauge the member's current feeling about the care he/she is receiving. • Discuss options to improve health care. • Discuss options to improve the member's perception of health care delivery. • Make efforts to assure the member understands services rendered.	• 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?

Care Coordination (C25)	1.5	>86%	• Review medical records before or during exam. • Make clear how member will receive test results. • Review prescriptions at each visit. • Assist with specialist appointments. • Have specialist results available at exam.	• In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? • 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? • 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? • In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? • 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? • In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
NOTE: Threshold cut points for these CAHPS measures are calculated based on grouping questions with similar topics into 5 average base groups and comparing them to overall performance of all entities. Percentages above are based on Base Group 4.				

Centers for Medicare & Medicaid Services (CMS) Part D Safety Measures

CMS includes several Part D measures in the Star measures reporting, including the four drug safety measures listed below.

MEASURE	WT	4 Stars	WHAT IS NEEDED	MEMBER SURVEY QUESTIONS
High Risk Medication (D11) Drug plan's members 65 or older who received prescriptions for certain drugs with a high risk of side effects, when there may be safer drug choices. Percentage of Medicare Part D beneficiaries 65 years old or older who received **two or more** prescription fills for the same HRM drug with a **high risk** of serious side effects in the elderly.	3	<8%	• Follow the suggestions from the Pharmacy Quality Alliance (PQA) on the cautionary use of high-risk medications in the elderly, and unless absolutely necessary, prescribe an alternative medication. This list can be found at: http://www.ncqa.org.	No reporting required from a provider's perspective. The health plan evaluates prescription claims data for this measure.
Medication Adherence for Diabetes Medications (D12) Taking oral diabetes medication as directed. Percentage of Medicare Part D beneficiaries 18 years or older with a prescription for diabetes medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication. Note: In this measure, " diabetes medication" means a biguanide drug, a sulfonylurea drug, a thiazolidinedione drug or a DPP-IV *inhibitor,* an *incretin mimetic drug,* a *meglitinide drug* or a *SGLT2 inhibitor*. Plan members who take insulin are not included.	3	>75%	• Proactively assess whether the patient is taking medication as prescribed • If you identify barriers to adherence, resolve those barriers and find ways to help the member take his or her medication as directed.	No reporting required from a provider's perspective. The health plan evaluates prescription claims data for this measure.

Medication Adherence for Hypertensive (RAS antagonists) (D13) Taking blood pressure medication as directed**.** Percentage of Medicare Part D beneficiaries 18 years or older with a prescription for blood pressure medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication. Note: In this measure, "blood pressure medication" means an ACE (angiotensin converting enzyme) inhibitor or an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug.	3	>77%	• Proactively assess whether patient is taking medication as prescribed. • If you identify barriers to adherence, resolve those barriers and find ways to help the member take their medication as directed.	No reporting required from a provider's perspective. The health plan evaluates prescription claims data for this measure.
Medication Adherence for Cholesterol (Statins) (D14) Taking cholesterol medication as directed**.** Percentage of Medicare Part D beneficiaries 18 years or older with a prescription for cholesterol medication (a statin drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.	3	>73%	• Proactively assess whether patient is taking medication as prescribed. • If you identify barriers to adherence, resolve those barriers and find ways to help the member take their medication as directed.	No reporting required from a provider's perspective. The health plan evaluates prescription claims data for this measure.

Please Note:

(1) **Wt** = Measure weight - Star measures are weighted based on whether they are a procedure-based measure (counted at 1x) or an outcome-based measure (3x). A measure given a weight of 3 counts three times as much as a measure given a weight of 1.
(2) **4 Stars** = Percentage of eligible members who must meet the measure in order to attain a 4 Star rating.
(3) **Reference**: Medicare 2016 Part C & D Star Rating Technical Notes - https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovgenin/performancedata.html, 2016 Part C and D Medicare Star Ratings Data (v10 06 2015).

HEDIS® is a set of standardized performance measures designed to help purchasers and consumers compare the performance of health plans on an "apples-to-apples" basis. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
HOS is an annual patient-reported outcome survey conducted on behalf of the Centers for Medicare & Medicaid Services (CMS).
CAHPS® is the Consumer Assessment of Healthcare Providers and Systems on behalf of CMS.
CPT® codes are the Current Procedural Terminology codes. CPT® is a registered trademark of the American Medical Association.
HCPCS is the Healthcare Common Procedure Coding System used by the Centers for Medicare & Medicaid Services.
LOINC® (Logical Observation Identifiers Names and Codes) is a set of universal names and ID codes for identifying laboratory and clinical test results.

Note: This is a preliminary guide and not all codes are included or updated. Please refer to your certified coder for correct/updated codes.

MedPOINT HEDIS/STARs Quality Department ♦ QualityMeasures@medpointmanagement.com ♦ 818.702.0100, ext. 353.

1/11/16