QUALITY CARE REWARDS PROGRAM MEASURES 2017

Medicare Advantage and BlueCare Plus

QUALITY CARE REWARDS PROGRAM MEASURES 2017
We value your partnership and participation in the 2017 Quality Rewards Program, and hope you will find this guide helpful. It will provide information and tips to assist you in maximizing your STAR rating with each measure included in the program.

The measures listed in the following pages are a combination of HEDIS® and CMS STAR measures. If you would like additional assistance with any of these measures, please contact your local Quality Care Rewards Finance Manager or Consultant.

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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.

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| Breast Cancer Screening (BCS) | Mammogram between 10/1/2015 - 12/31/2017 for all women 52-74 years  
**NOTE:** Do not count biopsies, breast ultrasounds, MRIs or tomosynthesis (3D mammography).  
Documentation in the medical record must clearly include the date mammogram or mastectomy/mastectomies were performed. | Encounter/Claim with Codes:  
- CPT: 77055, 77056, 77057  
- HCPCS: G0202, G0204, G0206 | Any time during member’s history through 12/31/16:  
**Bilateral mastectomy**  
- ICD-10-CM: 0HTV0ZZ  
- OR  
**Unilateral mastectomy:**  
- CPT: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307  
- ICD-10-CM: 0HTU0ZZ, 0HTT0ZZ  
- Billed twice with service dates 14 days or more apart  
- With bilateral modifier: 50, 09950 ; codes must be on the same claim |
| Colorectal Cancer Screening (COL) | Fecal occult blood test (gFOBT, iFOBT) during 2017  
- gFOBT requires 3 returned samples  
- iFOBT requires 1 returned sample  
AND/OR  
- Flexible sigmoidoscopy during 2017 or last 4 years  
AND/OR  
- Colonoscopy during 2017 or last 9 years  
- CT Colonography during 2017 or during the last 4 years  
- FIT-DNA Test during 2017 or during the last 2 years  
**NOTE:** Clear documentation of colonoscopy, sigmoidoscopy, CT colonography or FIT-DNA test, including year performed, is required.  
Do not count FOBT screenings performed from sample collected in provider office. Clearly document type of FOBT screening performed with exact date(s) of sample(s) returned. | Encounter/Claim with Codes:  
- Fecal occult blood test between 1/1/2017 - 12/31/2017  
- CPT: 82270, 82274  
- HCPCS: G0328  
- Flexible sigmoidoscopy between 1/1/2017 - 12/31/2017  
- CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350  
- HCPCS: G0104  
- Colonoscopy between 1/1/2008 - 12/31/2017  
- CPT: 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45388, 45389, 45390, 45393, 45398  
- HCPCS: G0105, G0121  
- CT Colonography between 1/1/2013 and 12/31/2017  
- CPT: 74263  
- FIT-DNA Test between 1/1/2015 and 12/31/2017  
- CPT: 81528  
- HCPCS: G0464  
- LOINC: 77353-1, 77354-9 | Any time during member’s history through 12/31/2017:  
**Colorectal cancer**  
- ICD-10-CM: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z65.038, Z65.048  
- HCPCS: G0213-G0215, G0231  
- AND/OR  
**Total Colectomy**  
- CPT: 44150-44153, 44155-44158, 44210-44212  
- ICD-10-CM: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ |

Note: HEDIS codes can change from year to year. The codes in this document are from the HEDIS 2017 specifications.
### Adult BMI (BMI)

Percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented. The weight and BMI must be from the same data source.

**Documented BMI for outpatient visit in 2016 or 2017**

**NOTE:** Documentation in medical record must include date, weight and BMI value for members 20 and over; members 18 & 19 must have date, weight, height and BMI percentile.

**Encounter/Claim with Codes:**
- ICD-10-CM: Z68.1, Z68.20-Z68.45

### Osteoporosis Management in Women with Fracture (OMW)

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 six months after the fracture.

**Note:** Approved osteoporosis therapies include:
- **Biphosphonates:** alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid
- **Other agents:** calcitonin, denosumab, raloxifene, teriparatide

**Perform bone mineral density testing** within six months on members 67-85 years old who experience a fracture AND/OR

**Prescribe a medication to treat osteoporosis** within six months of a fracture

**Encounter/Claim with Codes:**
- CPT: 76977, 77078, 77080, 77081, 77082, 77085, 77086
- HCPCS: G0130
- ICD-10-CM: BP48ZZ1, BP49ZZ1, BP4GZZ1-BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
- Coding done by health care provider completing testing
- Pharmacy Claim for Osteoporosis Drug Therapy:
  - HCPCS: J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051

### Bone mineral density testing during 24 months prior to fracture:

**Encounter/Claim with Codes:**
- CPT: 76977, 77078, 77080-77082
- HCPCS: G0130
- ICD-10-CM: BP48ZZ1, BP49ZZ1, BP4GZZ1-BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

**AND/OR**

**Osteoporosis therapy during 12 months prior to fracture:**

- HCPCS: J0630, J0897, J1740, J3110, J3487-J3489

**AND/OR**

**Dispensed or active prescription to treat osteoporosis during 12 months prior to fracture:**

- Listing of Approved therapies (first column)

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**Note:** HEDIS codes can change from year to year. The codes in this document are from the HEDIS 2017 specifications.
### Controlling High Blood Pressure (CBP)

- **Percentage of members 18-85 years old who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during 2017**

**Chart documentation of:**

- Hypertension diagnosis on or before June 30, 2017
- The most recent BP in 2017 meeting one of the following:
  - Members age **18-59** whose most recent BP was ≤139/89 mm Hg.
  - OR
  - Members age **60-85 with a diagnosis of diabetes** whose most recent BP was ≤139/89 mm Hg.
  - OR
  - Members age **60-85 without a diagnosis of diabetes** whose most recent BP was ≤149/89 mm Hg.

**Chart Documentation of Member’s Blood Pressure**

- Document the actual blood pressure reading in the member’s medical record
- ICD-10-CM diagnosis code for identifying hypertension: I10

**Exclusions**

- ESRD or kidney transplant anytime on or before 12/31/2017:
  - CPT®: 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512; 50300, 50320, 50340, 50360, 50365, 50370, 50380

- HCPCS: G0257, S9339; S2065

- ICD-10-CM (ESRD): N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 51D60Z

- ICD-10-CM (kidney transplant): Z94.0, 0TY00Z-0TY02Z, 0TY10Z-0TY12Z

- AND/OR

- Pregnancy anytime during 2017:
  - ICD-10-CM: O00.0-O04.89, O07.0-016.9, 020.0-026.93, 028.0-036.93X9, 040.1XX-048.1, 060.00-077.9, 080, 082, 085, 086.0-092.79, 098.011-099.89, 09A.111-09A.113, 09A.119, 09A.12, 09A.13, 09A.211-098.53, Z03.71-Z03.75, Z03.79, Z31.1, Z33.2, Z34.00-Z34.93, Z36

- AND/OR

- A non-acute inpatient admission during 2017

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**Notes:**

- HEDIS codes can change from year to year. The codes in this document are from the HEDIS 2017 specifications.
### Disease-modifying Anti-rheumatic Drug (DMARD) Therapy for Rheumatoid (ART)

Percentage of members diagnosed with rheumatoid arthritis who were dispensed at least one DMARD during 2017

**MEASURE**

Assess all members with diagnosis of rheumatoid arthritis for DMARD treatment in 2017

**WHAT SERVICE IS NEEDED**

**WHAT TO REPORT** (sample of codes)

Encounter/Claim with Codes:
- ICD-10-CM: M05.00-M06.89, M06.9 AND/OR
- Pharmacy Claim for DMARD in 2016: HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310

**EXCLUSIONS** (report on DOS/if applicable)

- HIV anytime on or before 12/31/2017: ICD-10-CM: B20, Z21 AND/OR
- Pregnancy anytime during 2017: ICD-10-CM: 000.0-004.89, 007.0-016.9, 020.0-026.93, 028.0-036.93X9, 040.1XX0-048.1, 060.00-077.9, 080, 082, 085, 086.0-092.79, 098.01-099.89, 09A.11-09A.113, 09A.119, 09A.12, 09A.13, 09A.211-098.53, Z03.71-Z03.75, Z03.79, Z33.1, Z33.2, Z34.00-Z34.93, Z36

**NOTE:** DMARDs include:
- Aminoquinolines: Hydroxychloroquine
- 5-Aminosalicylates: Sulfasalazine
- Alkylating agents: Cyclophosphamide
- Anti-rheumatics: Auranofin, gold sodium thiomalate, lefunomide, methotrexate, penicillamine
- Immunomodulators: Abatacept, adalimumab, anakinra, certolizumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, tocilizumab
- Immunosuppressive agents: Azathioprine, cyclosporine, mycophenolate
- Tetracyclines: Minocycline
- Janus kinase (JAK) inhibitor: Tofacitinib

### COMPREHENSIVE DIABETES CARE (CDC)

#### Diabetes Care - Retinal Eye Exam (CDC)

Percentage of diabetic members 18-75 years old who have had an eye screening for diabetic retinal disease

**MEASURE**

A retinal or dilated eye exam by an optometrist or ophthalmologist in 2017 OR
- A retinal or dilated eye exam negative for retinopathy by an optometrist or ophthalmologist in 2016

**WHAT SERVICE IS NEEDED**

Encourage and/or refer member to see an eye care professional for a comprehensive eye exam in 2017.

**WHAT TO REPORT** (sample of codes)

Obtain and place copy of all 2016 or 2017 eye exams in the member’s medical record. In order to count 2016 exams, documentation in the medical record must clearly indicate results were negative for retinopathy.

Encounter/Claim with Codes:
- CPT®: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 82002, 82004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
- CPT® II: 2022F, 2024F, 2026F, 3072F
- HCPCS: S0620, S0621, S3000

**EXCLUSIONS** (report on DOS/if applicable)

- Gestational or steroid-induced diabetes during 2016 or 2017: 249.00-249.91, Z51.8, 648.80-648.84, 962.0

**NOTE:** Providers performing retinal imaging in office and sending results to eye care professionals to review and interpret should use CPTII codes 2026F or 3072F.

#### Non–diabetic members during 2016 and 2017 with:

- Gestational or steroid-induced diabetes during 2016 or 2017: 249.00-249.91, Z51.8, 648.80-648.84, 962.0

**MEASURE**

Percentage of members diagnosed with rheumatoid arthritis who were dispensed at least one DMARD during 2017

**WHAT SERVICE IS NEEDED**

**WHAT TO REPORT** (sample of codes)

Encounter/Claim with Codes:
- ICD-10-CM: M05.00-M06.89, M06.9 AND/OR
- Pharmacy Claim for DMARD in 2016: HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310

**EXCLUSIONS** (report on DOS/if applicable)

- HIV anytime on or before 12/31/2017: ICD-10-CM: B20, Z21 AND/OR
- Pregnancy anytime during 2017: ICD-10-CM: 000.0-004.89, 007.0-016.9, 020.0-026.93, 028.0-036.93X9, 040.1XX0-048.1, 060.00-077.9, 080, 082, 085, 086.0-092.79, 098.01-099.89, 09A.11-09A.113, 09A.119, 09A.12, 09A.13, 09A.211-098.53, Z03.71-Z03.75, Z03.79, Z33.1, Z33.2, Z34.00-Z34.93, Z36

**NOTE:** Providers performing retinal imaging in office and sending results to eye care professionals to review and interpret should use CPTII codes 2026F or 3072F.

Note: HEDIS codes can change from year to year. The codes in this document are from the HEDIS 2017 specifications.
### Diabetes Care - Nephropathy (CDC)

Percentage of diabetic members 18-75 years old who received medical attention for nephropathy (nephropathy screening test or evidence of nephropathy)

**Note that approved ACE Inhibitors/ARBs are:**
- Angiotensin converting enzyme inhibitors: Benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril
- Angiotensin II inhibitors: Azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
- Combinations of these with antihypertensive(s)

#### Nephropathy screening testing
- **Time, spot or 24-hour urine for microalbumin**
- **24-hour urine for total protein**
- **Urine for microalbumin/creatinine ratio**
- **Random urine for protein/creatinine ratio**

#### Documented evidence of nephropathy in 2017 with any of the following:
- Any **positive urine macroalbumin test**
- **Medical attention for evidence of nephropathy**
- **Visit to a nephrologist** (claim billed w/ specialty provider code)
- **Kidney transplant**

#### A dispensed prescription for angiotensin converting enzyme inhibitor (ACE), angiotensin receptor blockers (ARB) or antihypertensive combinations therapy in 2017

#### Laboratory Claim/Encounter with Codes:
- **CPT**: 82042, 82043, 82044, 84156
- **CPT II**: 3060F, 3061F

####Non–diabetic members during 2016 and 2017 with:
- **Gestational or steroid-induced diabetes** during 2016 or 2017: 248.00-249.91, 251.8, 648.80-648.84, 962.0

### Diabetes Care - HbA1c Control (CDC)

Percentage of diabetic patients 18-75 years old who have evidence of:
- HbA1c testing
- HbA1c controlled ≤8.9%

#### HbA1c testing on all diabetic patients in 2017

#### Diabetes management so that all members have the most recent HbA1c in 2017 ≤8.9%

#### Encounter/Claim with Codes:
- **CPT**: 83036, 83037
- **CPT II**: 3044F, 3045F, 3046F

####Non–diabetic members during 2016 and 2017 with:
- **Gestational or steroid-induced diabetes** during 2016 or 2017: 248.00-249.91, 251.8, 648.80-648.84, 962.0

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Note: HEDIS codes can change from year to year. The codes in this document are from the HEDIS 2017 specifications.
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<tr>
<td><strong>Medication Adherence for Cholesterol (Statins)</strong> Percentage of members 18 years and older with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.</td>
<td>Assess all members with a prescription for a cholesterol medication for adherence with prescription regimen. Identify any barriers to following their prescribed regimen and encourage compliance.</td>
<td>The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare.</td>
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<tr>
<td><strong>Medication Adherence for Hypertension (RAS Antagonists)</strong> Percentage of members with a prescription for a blood pressure medication (ACE, ARB or direct renin inhibitor drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.</td>
<td>Assess all members with a prescription for a blood pressure medication for adherence with prescription regimen. Identify any barriers to following their prescribed regimen and encourage compliance.</td>
<td>The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare.</td>
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<tr>
<td><strong>Medication Adherence for Oral Diabetes Medications</strong> Percentage of members with a prescription for diabetes medication (biguanide drug, sulfonylurea drug, thiazolidinedione drug, DPPIV inhibitor, incretin mimetic drug, meglitinide drug or SGLT2 inhibitor) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. <strong>Note:</strong> Members taking insulin are not included in this measure.</td>
<td>Assess all members with a prescription for diabetes medication for adherence with prescription regimen. Identify any barriers to following their prescribed regimen and encourage compliance.</td>
<td>The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare.</td>
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<tr>
<td><strong>Plan All-Cause Readmissions</strong> Percentage of members 65 and older discharged from an acute hospital stay who were readmitted (acute, unplanned) to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason. Patients may have been readmitted back to the same hospital or to a different one.</td>
<td>Collaborate with hospitals in order to be notified of your patients’ admissions and discharges. Ensure comprehensive follow up visit including medication reconciliation is completed within 7-10 days post discharge. Arrange for post-hospital care as appropriate.</td>
<td>The data for this measure comes from HEDIS calculation methodology. See technical specifications for details.</td>
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| Care for Older Adults (COA) - Medication Review | **Medication Review** in 2017 includes any of the following:  
  - Medication list in the record AND notation in the medical record of medication review in 2017 by the 
    prescribing practitioner or clinical pharmacist AND the date the medication review was performed  
  --OR--  
  - Medication list signed and dated in 2017 by practitioner or pharmacist in the medical record  
  --OR--  
  - Notation in the medical record in 2017 that the member is not taking any medication AND the date it was noted.  
**NOTE:** A review of side effects for a single medication at the time of prescription alone is not sufficient to meet criteria of the medication review. | • CPT®: 1159F, 90863, 99605, 99606, 1160F  
- **Medication Review:** 1159F, 90863, 99605, 99606, 1160F  
- **Transitional Care Management:** 99495, 99496  
• HCPCS: G8427 | Members in Hospice |
| Care for Older Adults (COA) - Functional Status Assessment | **Documentation of a Functional Status Assessment** must include evidence of a complete functional status assessment performed in 2017 AND the date the functional status assessment was performed.  
Any of the following can be considered a complete functional status assessment:  
- Notation in the medical record that **Activities of Daily Living (ADLs)** were assessed or at least 5 of the following were assessed:  
  - Bathing  
  - Dressing  
  - Eating  
  - Transferring  
  - Toileting  
  - Walking  
  --OR--  
- Notation in the medical record that **Instrumental Activities of Daily Living (IADLs)** were assessed or at least 4 of the following were assessed:  
  - Shopping for groceries  
  - Driving or using public transportation  
  - Using the telephone  
  - Meal preparation  
  - Housework  
  - Home repair  
  - Laundry  
  - Taking medications  
  - Handling finances  
  --OR-- | • CPT®: 1170F | Members in Hospice |
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| A **Standardized Functional Status Assessment Tool** including but not limited to:  
• SF-36 (add superscript “R” for registered trademark)  
• ALSAR (Assessment of Living Skills and Resources)  
• Barthel ADL Index Physical Self-Maintenance (ADL) Scale  
• Bayer ADL (β-ADL) Scale  
• Barthel Index  
• EADL (Extended ADL Scale)  
• ILS (Independent Living Scale)  
• Katz Index of Independence in ADL  
• Kenny Self-Care Evaluation  
• Klein-Bell ADL Scale  
• KELS (Kohlman Evaluation of Living Skills)  
• Lawton & Brody’s IADL Scales  
• PROMIS (Patient Reported Outcome Measurement Information System) Global of Physical Function Scales | --OR--  
Notation that **at least 3 of the following 4 components were assessed:**  
• Cognitive status  
• Ambulation status  
• Hearing, vision and speech (must have all 3)  
• Other functional independence (exercise, ability to perform job)  
**NOTE:** The components of the functional status assessment may take place in separate visits in 2017.  
**Functional status assessment related to a single condition, event or body system does not meet criteria for a comprehensive functional status assessment.** |
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<td>Care for Older Adults (COA) - Pain Assessment*</td>
<td>Documentation in the medical record must include evidence of a pain assessment performed in 2017. Either of the following will meet criteria for a pain assessment: Documentation in the medical record that the patient was assessed for pain (could be positive or negative findings)  --OR--  Results of 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) • Visual Analogue Scale • Brief Pain Inventory • Chronic Pain Grade • PROMIS Pain Intensity Scale • Pain Assessment in Advanced Dementia (PAIN AD) Scale</td>
<td>• CPT*: 1125F, 1126F</td>
<td>Members in Hospice</td>
</tr>
</tbody>
</table>

*Percent of plan members who had a pain screening or pain management plan at least once during the year. (This information about pain screening or pain management is collected for Medicare Special Needs Plans only.)
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CPT® is a registered trademark of the American Medical Association.
HCPCS is the Healthcare Common Procedure Coding System.
ICD-9-CM is the International Classification of Diseases, Ninth Revision, Clinical Modification.
ICD-10-CM is the International Classification of Diseases, Tenth Revision, Clinical Modification.
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