

Medicare Advantage quality desk reference guide

The following Star Ratings quality measures can be closed during a telehealth visit.

Measure	Tips	Exclusions	Codes	Medicare Advantage Primary Care Physician Incentive (MA-PCPi)
Controlling High Blood Pressure (CBP)	<ul style="list-style-type: none"> • Patient may self-report BP from appropriate digital device during a telehealth visit • Write extended-day prescriptions (90- or 100-day depending on benefit) • Recommend automatic refills to support adherence • Optum Rx home delivery is often a lower copay for member 	<ul style="list-style-type: none"> • Hospice or palliative care • 81+ frailty only • 66–80 frailty and advanced illness • 66+ I-SNP or institutionalized <p>Optional:</p> <ul style="list-style-type: none"> • Dialysis • End-stage renal disease (ESRD) (N18.5, N18.6, Z99.2) • Kidney transplant • History of kidney transplant (Z94.0) • Nephrectomy • Non-acute inpatient admission 	<p>One systolic:</p> <ul style="list-style-type: none"> • 3074F: Systolic <130 mm Hg • 3075F: Systolic 130-139 mm Hg • 3077F: Systolic >140 mm Hg <p>And one diastolic:</p> <ul style="list-style-type: none"> • 3078F: Diastolic < 80 mm Hg • 3079F: Diastolic 80-89 mm Hg • 3080F: Diastolic > 90 mm Hg <p>Taken during:</p> <ul style="list-style-type: none"> • Outpatient visit • Telephone visit • E-visit or virtual check-in • Remote monitoring event 	Medication adherence for HTN is part of the MA-PCPi program
Transitions of Care Patient Engagement (TRC PE)	<p>Four components are required for this visit:</p> <ul style="list-style-type: none"> • Notification of inpatient admission • Receipt of discharge information • Patient engagement after inpatient discharge • Medication Reconciliation Post-Discharge (MRP) <ul style="list-style-type: none"> ○ Must be completed on the day of discharge or 30 days after ○ A medication list must be completed in the outpatient record ○ Review current medication list for any that may be associated with increased risk of falls ○ Screen patient for bladder control problems post discharge 	<ul style="list-style-type: none"> • Hospice services or use a hospice benefit 	<ul style="list-style-type: none"> • Outpatient visit • Telephone visit • E-visit or a virtual check-in <ul style="list-style-type: none"> • 99495, 99496: TCM services • 99483: Cognitive assessment and care plan • 1111F: Medication reconciliation 	Assessment of fall risk and bladder continence is part of patient experience component of incentives

Measure	Tips	Exclusions	Codes	Medicare Advantage Primary Care Physician Incentive (MA-PCPI)
Improving Bladder Control	<ul style="list-style-type: none"> Ask all patients if they have difficulty with urine leakage If screening is positive, treat, share resources, consider referral 		No codes, but documentation of: <ul style="list-style-type: none"> Discussing urinary incontinence Discussing treatment of urinary incontinence Impact of urinary incontinence 	Yes – new for 2021
Fall Risk Assessment	<ul style="list-style-type: none"> Screen all patients for fall risk If screening is positive, treat, share resources, consider referral Review current medication list for any that may be associated with increased risk of falls 		No codes, but documentation of: <ul style="list-style-type: none"> Discussing fall risk Managing fall risk 	Yes – new for 2021
Physical Activity	<ul style="list-style-type: none"> Screen all patients for exercise level and advise as needed 		No codes, but documentation of: <ul style="list-style-type: none"> Discussing physical activity Advising physical activity 	Yes – new for 2021
Colorectal Cancer Screening (COL)	<ul style="list-style-type: none"> Initiate appropriate referrals and orders for colorectal cancer screening If member is unwilling or unable to get a colonoscopy, provide iFOBT kit for a single-year screening 	<ul style="list-style-type: none"> Hospice or palliative care 66+ frailty and advanced illness 66+ I-SNP or institutionalized Optional: <ul style="list-style-type: none"> Total colectomy Colorectal cancer (C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048) 	Completion of: <ul style="list-style-type: none"> Fecal occult blood test Flexible sigmoidoscopy Colonoscopy CT colonography FIT-DNA test 	Yes
Breast Cancer Screening (BCS)	<ul style="list-style-type: none"> Initiate appropriate referrals and orders for breast cancer screening 	<ul style="list-style-type: none"> Hospice or palliative care 66+ frailty and advanced illness 66+ I-SNP or institutionalized Optional: <ul style="list-style-type: none"> Bilateral mastectomy (any combination of both left and right) History of bilateral mastectomy (Z90.13) 	<ul style="list-style-type: none"> Completion of mammogram 	Yes

Measure	Tips	Exclusions	Codes	Medicare Advantage Primary Care Physician Incentive (MA-PCPi)
Osteoporosis Management in Women Post Fracture (OMW)	<ul style="list-style-type: none"> • Initiate appropriate referrals and orders for bone mineral density testing • Screen member for Risk of Falls and ensure they have needed resources or equipment • Write extended-day prescriptions (90- or 100-day depending on benefit) • Recommend automatic refills to support adherence • Optum Rx home delivery is often a lower copay for member 	<ul style="list-style-type: none"> • Hospice or palliative care • 81+ frailty only • 67-80 frailty and advanced illness • 67+ I-SNP or institutionalized • BMD 24 mos prior to fx • Dispensed/active Rx for med to tx osteoporosis 12 mos prior to fx 	Completion of: <ul style="list-style-type: none"> • BMD test • Dispensed prescription to treat osteoporosis 	Fall Risk Assessment is part of MAPCPi incentive program
Statin-Use for Patients With Diabetes (SUPD)	<ul style="list-style-type: none"> • Any intensity statin would close the gap for this measure • Write extended-day prescriptions (90- or 100-day depending on benefit) • Recommend automatic refills to support adherence • Optum Rx home delivery is often a lower copay for member 	<ul style="list-style-type: none"> • Hospice • 66+ I-SNP or institutionalized • Dispensed clomiphene Diagnosis: <ul style="list-style-type: none"> • ESRD or dialysis (N18.5, N18.6, Z99.2) • Liver disease (B17.0, B17.10, B17.11, B17.2, B17.8, B17.9, B18.2, B18.8, B18.9, B19.0, B19.20, B19.21, B19.9, K70.0, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K71.0, K71.10, K71.11, K71.2, K71.3, K71.4, K71.50, K71.51, K71.6, K71.7, K71.8, K71.9, K72.00, K72.01, K72.10, K72.11, K72.90, K72.91, K73.0, K73.1, K73.2, K73.8, K73.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.3, K74.4, K74.5, K74.60, K74.69, K75.4) • Myopathy or rhabdomyolysis (G72.0, G72.89, G72.9, M60.80, M60.9, M62.82, T46.6X5A) • Prediabetes (R73.03, R73.09) 	No codes	Yes

Measure	Tips	Exclusions	Codes	Medicare Advantage Primary Care Physician Incentive (MA-PCPI)
Statin Use for Patients With Cardiovascular Disease (SPC)	<ul style="list-style-type: none"> To close the gap, the statin needs to be moderate or high intensity Write extended-day prescriptions (90- or 100-day depending on benefit) Recommend automatic refills to support adherence Optum Rx home delivery is often a lower copay for member 	<ul style="list-style-type: none"> Hospice or palliative care 66+ frailty and advanced illness 66+ I-SNP or institutionalized <p>Diagnosis:</p> <ul style="list-style-type: none"> Dispensed clomiphene ESRD (N18.5, N18.6, Z99.2) Cirrhosis (K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81) Myalgia, myositis, myopathy or rhabdomyolysis (G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.1, M79.10, M79.11, M79.12, M79.18) 	No codes	Yes
Comprehensive Diabetes Care: Eye Exam (CDC EYE)	<ul style="list-style-type: none"> Refer patient to specialist for exam Write extended-day prescriptions (90- or 100-day depending on benefit) Recommend automatic refills to support adherence Optum Rx home delivery is often a lower copay for member 	<p>Hospice or palliative care</p> <ul style="list-style-type: none"> 66+ frailty and advanced illness 66+ I-SNP or institutionalized Dispensed dementia Rx <p>Optional:</p> <ul style="list-style-type: none"> No diagnosis of diabetes in any setting and steroid-induced diabetes 	<ul style="list-style-type: none"> 2022F: Dilated retinal screening w/evidence of retinopathy 2024F: 7 Standard fld retinal photo w/evc of rtnophy 2026F: Eye img valid match dx 7 stnd fld w/ evc of rtnophy 2023F: Dilated retinal screening w/o evidence of retinopathy 2025F: 7 Standard fld retinal photo w/o evc of rtnophy 2033F: Eye img vld match dx 7 stnd fld w/o evc of rtnophy 3072F: Diabetic eye exam without evidence of retinopathy in prior year 	Yes

Measure	Tips	Exclusions	Codes	Medicare Advantage Primary Care Physician Incentive (MA-PCPi)
Comprehensive Diabetes Care: HbA1c Testing (CDC A1C)	<ul style="list-style-type: none"> Initiate appropriate orders for fasting lab test Write extended-day prescriptions (90- or 100-day depending on benefit) Recommend automatic refills to support adherence Optum Rx home delivery is often a lower copay for member 	<ul style="list-style-type: none"> Hospice or palliative care 66+ frailty and advanced illness 66+ I-SNP or institutionalized Dispensed dementia Rx <p>Optional:</p> <ul style="list-style-type: none"> No diagnosis of diabetes in any setting and steroid-induced diabetes 	<ul style="list-style-type: none"> 3044F: HbA1c level < 7.0% 3046F: HbA1c level > 9.0% 3051F: Most recent HG A1c ≥ 7.0% and <8.0% 3052F: Most recent HG A1c ≥ 8.0% and ≤ 9.0% 	Yes
Comprehensive Diabetes Care: Nephropathy (CDC Neph)	<ul style="list-style-type: none"> Initiate appropriate referrals and orders for urine protein tests or nephrologist Write extended-day prescriptions (90- or 100-day depending on benefit) for ACE/ARBs, statins, diabetic medication etc. Recommend automatic refills to support adherence Optum Rx home delivery is often a lower copay for member 	<ul style="list-style-type: none"> Hospice or palliative care 66+ frailty and advanced illness 66+ I-SNP or institutionalized Dispensed dementia Rx <p>Optional:</p> <ul style="list-style-type: none"> No diagnosis of diabetes in any setting and steroid-induced diabetes 	<ul style="list-style-type: none"> 3060F: Positive microalbuminuria test result reviewed and documented 3061F: Negative microalbuminuria test result reviewed and documented 3062F: Positive macroalbuminuria test result reviewed and documented 3066F: Documentation for treatment of nephropathy 4010F: ACE inhibitor or ARB therapy prescribed or currently being taken CKD Stage 4: N18.4 ESRD: N18.5, N18.6, Z99.2 	Yes
Care of Older Adults Functional Assessment (COAFSA)	<ul style="list-style-type: none"> Display measure until SY 2024 (MY 2022) 	<ul style="list-style-type: none"> Hospice 	<ul style="list-style-type: none"> 99483: Assessment and care planning for patient with cognitive impairment 1170F: Functional status assessed G0438: Initial Annual Wellness Visit (AWV) G0439: Subsequent AWV 	

Measure	Tips	Exclusions	Codes	Medicare Advantage Primary Care Physician Incentive (MA-PCPi)
Care of Older Adults Medication Review (COAMR)	<ul style="list-style-type: none"> • COAMR has clinician type limitations • Must be completed by prescribing clinician • Both medication list and medication review must take place 	<ul style="list-style-type: none"> • Hospice 	<ul style="list-style-type: none"> • 90863: Pharmacologic management when performed w/ psychotherapy services • 99483: Assessment and care planning for patient with cognitive impairment • 1159F: Medication list documented • 1160F: Medication review documented in medical record • G8427: Eligible clinician attests to documenting in medical record 	
Care of Older Adult Pain Assessment (COAPS)		<ul style="list-style-type: none"> • Hospice 	<ul style="list-style-type: none"> • 1125F: Pain severity quantified, pain present • 1126F: Pain severity quantified; no pain present 	

Resources

This reference guide is intended to be a quick geriatric clinical reference for providers and is not intended to be a comprehensive reference.

PATH

Please refer to [UHCprovider.com/path](https://uhcprovider.com/path) > Medicare Advantage PATH Resources > 2021 PATH Reference Guide for detailed information, including:

- CPT® II codes and descriptors
- Frailty and advanced illness exclusion codes

MA-PCPi

Please refer to [UHCprovider.com/path](https://uhcprovider.com/path) > Medicare Advantage PATH Resources for more information on the MA-PCPi program.