

Summary of Changes: Together 2 Goal® Campaign Measurement Specifications

AMGA Foundation • Version 2.0 • May 8, 2017

1. **Throughout document.** Changed name of American Medical Group Foundation (AMGF) to AMGA Foundation.
2. **Throughout document.** Updated value set references to reflect the Excel workbook (HEDIS Value Sets for T2G Measures v2.0.xlsx), accompanying this document, which contains value sets from the HEDIS 2017 Technical Specifications for Physician Measurement.

NCQA's HEDIS Technical Specifications for Physician Measurement are published each year. Throughout the T2G campaign, we will evaluate any changes to NCQA's updated HEDIS Technical Specifications for Physician Measurement: Comprehensive Diabetes Care (CDC) and Statin Therapy for Patients with Diabetes (SPD) and make appropriate adjustments to the T2G measures if the measurement committee determines they are essential to the campaign. Currently, it has been decided that there is no need to update the T2G measure specs to reflect the minor changes to the 2017 HEDIS CDC and SPD measures with the exception of the accompanying values sets as referenced above. Accordingly, in version 2.0, we will reference HEDIS 2017 documents when referring to value sets only, and HEDIS 2016 when referring to the original HEDIS specification documents used as a model for the development of the T2G measurement specs.

3. **Section 3.1.1, Optional Exclusions for Active Initial Population, Table 4.** Included additional codes for identifying patients receiving palliative/hospice care, including reference to the new HEDIS 2017 value set for palliative/hospice care, which is included in HEDIS Value Sets for T2G Measures v2.0.xlsx.

Deleted:

Table 4: Codes to Identify Patients with Palliative Care (Optional Exclusion)

Encounter for Palliative Care	
ICD-9	V66.7
ICD-10	Z51.5

Replaced with:

Table 4: Codes to Identify Patients with Palliative/Hospice Care (Optional Exclusion)

Codes for Palliative/Hospice Care	
ICD-9	V66.7
ICD-10	Z51.5
CPT	99377–99378
HCPCS	G0182
HCPCS	Q5001–Q5010
HCPCS	S0255, S0271, S9126
HCPCS	T2042–T2046
	See HEDIS 2017: Hospice Value Set for additional HCPCS, UBREV, and UBTOB codes

4. **Section 3.5.1, Measure #3 – Medical Attention for Nephropathy, Detailed Description, ACE inhibitor or ARB use, Note 11** was deleted:

<p>Note 11: Patients with documented intolerance or contraindications to ACE inhibitors or ARBs may be considered numerator compliant. Groups may use whatever codes they believe are appropriate for this optional step. The following codes for ACEi/ARB intolerance or contraindications may be used as a reference:</p>
ICD-9: 995.29, 972.6, 972.9, E942.6, V64.1
ICD-10: T46.4, T46.5

Discussion of this change was added to the table note for Table 6: ACE Inhibitor/ARBs.

“In version 1.0 of these specs, we allowed patients with documented intolerance or contraindications to ACE inhibitors or ARBs to be considered numerator compliant. This was in error. While an intolerance or contraindication is a reason not to receive an ACEi/ARB, it does not eliminate the requirement for other nephropathy treatment, as described in the measure above (to include screening/monitoring tests, a visit with a nephrologist, or a diagnosis indicating nephropathy treatment has been considered and/or performed).”

5. **Section 3.6.1, Measure #4 – Lipid Management, Detailed Description, Documented reasons for not receiving a statin. Reason 2 and the accompanying Note 15** were deleted:

~~2. Myalgia, myositis, myopathy, or rhabdomyolysis (HEDIS 2016: Muscular Pain and Disease Value Set) during the 12-month MP¹⁵~~

Note 15: The HEDIS value set referenced here includes only those muscular pain and disease diagnosis codes that we would expect to be associated specifically with statin intolerance, rather than general muscle pain. Also note that while we use an 18-month period for all other reasons for not receiving a statin, we use a 12-month period for this exclusion. The Scientific Advisory Committee stressed the importance of statin therapy for patients with diabetes and discussed the need to re-try patients on statins, after complaints of myalgia or transient elevation in liver enzymes. They felt it might be reasonable not to expect re-trying statins within 12 months of muscle complaints, so the patient is considered numerator-compliant if these symptoms occurred during the 12-month MP. But if these symptoms were last reported in the 6 months prior to the 12-month MP, the Committee believed statins should be re-tried within the MP. This is consistent with the approach used in HEDIS.

They were replaced by:

“2. Documented statin intolerance (such as myalgia or transient elevation in liver enzymes associated with statins) **within the 12-month measurement period:**¹⁵”

Note 15: Groups may use whatever codes they believe are appropriate for identifying patients with statin intolerance (for example, ICD-9 E942.2 or ICD-10 T46.6X5, Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs; HEDIS 2017: Muscular Pain and Disease Value Set which can be used to identify myalgia, myositis, myopathy, or rhabdomyolysis). This value set includes only those muscular pain and disease diagnosis codes that we would expect to be associated specifically with statin intolerance, rather than general muscle pain. **Note** that while we use an 18-month period for all other reasons for not receiving a statin, we use a **12-month period for this exclusion**. The T2G Scientific Advisory Committee stressed the importance of statin therapy for patients with diabetes and discussed the need to re-try patients on statins, after complaints of myalgia or transient elevation in liver enzymes. They felt it might be reasonable not to expect re-trying statins within 12 months of muscle complaints, so the patient is considered numerator-compliant if these symptoms occurred during the 12-month MP. But if these symptoms were last reported in the 6 months prior to the 12-month MP, the Committee believed **statins should be re-tried within the MP**. This is consistent with the approach used in HEDIS.

- 6. Diagram 3.6.2, Measure #4 – Lipid Management.** Diagram has been updated to reflect the changes described above (from muscular pain being a reason not to receive a statin, to statin intolerance being the reason, with muscle pain being one possible manifestation). Note that the blue highlights below are not meant to indicate the changes/updates to the diagram. These highlights are part of the original and updated version of the diagram and are meant to indicate optional steps for determining numerator compliance for the lipid management measure.

T2G Measurement Specs ver. 1.0

Is there evidence of
in vitro fertilization,² clomiphene
Rx,² ESRD,² cirrhosis,² muscular
pain,¹ or active liver disease?²

T2G Measurement Specs ver. 2.0

Is there evidence of IVF,² Clomid
Rx,² ESRD,² cirrhosis,² statin
intolerance,¹ active liver disease?²