HEDIS MEASURE OVERVIEW

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

Please note: Information in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude medical judgment. Treatment decisions should always be based on the physician's or clinician's clinical judgment.

What is the SMC measure?

Patients with schizophrenia or schizoaffective disorder are at an increased risk for cardiovascular disease. The Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) measure is one of the National Committee for Quality Assurance (NCQA) HEDIS measures. It is used to evaluate whether those with schizophrenia and cardiovascular disease are having their cholesterol monitored. Some atypical antipsychotic drugs are associated with increased low-density lipoprotein (LDL) cholesterol.[1,2]

Who is included in the SMC measure?

Patients with schizophrenia or schizoaffective disorder and cardiovascular disease who were 18–64 years of age during the measurement period and meet at least one of the following criteria:

- At least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder

  or
- At least two visits in an outpatient, intensive outpatient, partial hospitalization, emergency department or non-acute inpatient setting on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder

How does a patient become compliant?

One low-density lipoprotein cholesterol (LDL-C) test during the measurement period

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Exclusions

- Patients in hospice or using hospice services
- Patients with a date of death

Measure best practices

- Use correct coding and submit claims in a timely manner.
- Educate patients on the importance of ongoing cardiovascular disease monitoring.
- Educate patients about the elevated risk of cardiovascular disease associated with antipsychotic medications.
- Refer patients with heart disease for annual lab draws and follow up to discuss results.
- If able, draw labs in office.
- Coordinate care with the patient's care team, such as treating behavioral health specialists, primary care provider and/or cardiologist.
- Build alerts in electronic health records for reminders to order tests.
- Provide guidance on adopting a healthy lifestyle, including recommendations for nutrition, regular exercise and smoking cessation.
- Reach out to patients to reschedule missed or canceled appointments.

SMC coding

Code type	Code	Description
CPT	80061, 83700, 83701, 83704, 83721	LDL-C tests
CPT	3048F–3050F	LDL-C result or finding

Coding included above is based on the NCQA Value Set, but each state's fee schedule determines which codes are reimbursed. Please consult your respective state's fee schedule for reimbursement information.

Current Procedural Terminology (CPT®) and CPT Category II (CPT II) codes are developed by the American Medical Association. CPT codes are used to communicate services and procedures rendered to patients. CPT II codes are supplemental tracking codes used for quality performance measurement.

The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year 2026: Volume 2: Technical Specifications for Health Plans report.

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1. Polcwiartek, C., Jensen, S.E., Frøkjær, J.B. *et al.* Prevalence of cardiovascular risk factors and disease in patients with schizophrenia: baseline results from a prospective cohort study with long-term clinical follow-up. *Schizophr* 11, 95 (2025). https://doi.org/10.1038/s41537-025-00642-w

2. National Committee for Quality Assurance. (2026). *HEDIS Measurement Year 2026: Volume 2: Technical Specifications for Health Plans.*