



# Star Rating Program statin measures

SUPD and SPC

This quick reference tool contains a summary of facts about the two statin use measures in the Star Rating Program.

	Statin Use in Persons with Diabetes (SUPD) PQA™	Statin Therapy for Patients With Cardiovascular Disease (SPC) HEDIS*
<b>Description</b>	Percentage of Medicare Part D beneficiaries <b>40–75</b> years of age dispensed medications for diabetes who receive <b>any statin</b> medication	Percentage of <b>males 21–75</b> years of age and <b>females 40–75</b> years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one <b>high- or moderate-intensity statin</b> medication
<b>Weight</b>	1x	1x
<b>Calculation (numerator/ denominator)</b>	<b>Numerator:</b> Number of patients in the denominator who received <b>any statin</b> medication fill during the current measurement year <b>Denominator:</b> Number of patients 40–75 years of age with at least two <sup>†</sup> diabetes medication fills, with two separate fill dates, during the current measurement year	<b>Numerator:</b> Number of patients who had at least one dispensing event for a <b>high- or moderate-intensity statin</b> medication during the current measurement year <b>Denominator:</b> Number of patients who meet age criteria and event or diagnosis criteria: <ul style="list-style-type: none"><li>• <b>Event (during prior year):</b><ul style="list-style-type: none"><li>– Myocardial infarction (MI) <i>when discharged from inpatient setting</i></li><li>– Coronary artery bypass grafting (CABG)</li><li>– Percutaneous coronary intervention (PCI)</li><li>– Any other revascularization</li></ul></li><li>• <b>Diagnosis (during prior and current year):</b><ul style="list-style-type: none"><li>– At least one acute inpatient or outpatient visit with ischemic vascular disease (IVD) diagnosis (includes telephonic and virtual visits)</li></ul></li></ul>

<p><b>Exclusions and common International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code(s)</b></p>	<ul style="list-style-type: none"> <li>• <b>Patients in hospice care</b> <ul style="list-style-type: none"> <li>– N/A – please use Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), SNOMED CT or UBREV codes</li> </ul> </li> <li>• <b>Patients with a diagnosis of end-stage renal disease (ESRD)</b> <ul style="list-style-type: none"> <li>– I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z99.2</li> </ul> </li> <li>• <b>Patients with rhabdomyolysis or myopathy**</b> <ul style="list-style-type: none"> <li>– G72.0, G72.89, G72.9, M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9, M62.82</li> </ul> </li> <li>• <b>Patients who are:</b> <ul style="list-style-type: none"> <li>– <b>Pregnant</b><sup>∞</sup> <ul style="list-style-type: none"> <li>○ O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209</li> </ul> </li> <li>– <b>Lactating</b> <ul style="list-style-type: none"> <li>○ O91.03, O91.13, O91.23, O92.03, O92.13, O92.5, O92.70, O92.79, Z39.1</li> </ul> </li> <li>– <b>Dispensed clomiphene (Clomid) medication</b> <ul style="list-style-type: none"> <li>○ N/A – capture via pharmacy claims</li> </ul> </li> </ul> </li> <li>• <b>Patients with cirrhosis</b> <ul style="list-style-type: none"> <li>– K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69</li> </ul> </li> <li>• <b>Patients with prediabetes</b> <ul style="list-style-type: none"> <li>– R73.03, R73.09</li> </ul> </li> <li>• <b>Patients with polycystic ovary syndrome (PCOS)</b> <ul style="list-style-type: none"> <li>– E28.2</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Patients in hospice, using hospice or receiving palliative care</b> <ul style="list-style-type: none"> <li>– N/A – please use CPT, HCPCS, SNOMED CT or UBREV codes</li> </ul> </li> <li>• <b>Patients 66–75 years of age who:</b> <ul style="list-style-type: none"> <li>– <b>Live long-term in an institutional setting</b> or are enrolled in an <b>Institutional Special Needs Plan (I-SNP)</b> and/or</li> <li>– <b>Have frailty and advanced illness</b><sup>∞</sup> <ul style="list-style-type: none"> <li>○ A81.00, C25.0, C71.0, C71.04, C77.0, C78.00, C79.00, C91.00, C92.00, C93.00, C94.30, F01.50, F02.80, F03.90, F04, F10.27, G10, G20, G30.0, G31.01, G35, I09.81, I11.0, I12.0, I13.0, I50.1, J43.0, J68.4, J84.10, J96.10, J98.2, K70.10, K74.0, N18.5, L89.000, M62.50, W01.0XXA, W06.XXXA, W07.XXXA, W08.XXXA, W10.0XXA, W18.00XA, W19.XXXA, Y92.199, Z59.3, Z73.6, Z74.01, Z91.81, Z99.11, R26.0, R41.81, R53.81, R54, R62.7, R63.4, R64</li> </ul> </li> </ul> </li> <li>(Note: CPT, HCPCS or SNOWMED CT codes also can be used)</li> <li>• <b>Patients with the following diagnoses or services in the current or prior measurement year for:</b> <ul style="list-style-type: none"> <li>– <b>Pregnancy</b><sup>∞</sup> <ul style="list-style-type: none"> <li>○ O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209</li> </ul> </li> <li>(Note: SNOWMED CT codes also can be used)</li> <li>– <b>In vitro fertilization (IVF)</b> <ul style="list-style-type: none"> <li>○ N/A – use HCPCS or SNOMED CT codes</li> </ul> </li> <li>– <b>Dispensed clomiphene (Clomid) medication</b> <ul style="list-style-type: none"> <li>○ N/A – capture via pharmacy claims</li> </ul> </li> <li>– <b>End-stage renal disease (ESRD) or dialysis</b> <ul style="list-style-type: none"> <li>○ N18.5, N18.6, Z99.2, 585.5, 585.6, V45.11, 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z</li> </ul> </li> <li>(Note: SNOWMED CT codes also can be used)</li> <li>– <b>Cirrhosis</b> <ul style="list-style-type: none"> <li>○ K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81</li> </ul> </li> <li>(Note: SNOWMED CT codes also can be used)</li> </ul> </li> <li>• <b>Patients with myalgia, myositis, myopathy or rhabdomyolysis during the current measurement year</b> <ul style="list-style-type: none"> <li>– 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, M79.10, M79.11, M79.12, M79.18</li> </ul> </li> <li>(Note: SNOWMED CT codes also can be used)</li> </ul>
<p><b>General trend</b></p>	<p>A higher rate of compliance is better</p>	<p>A higher rate of compliance is better</p>

\* HEDIS® – Healthcare Effectiveness Data and Information Set

\*\* The condition the code refers to does not necessarily need to occur in the same year the code was billed. The patient's medical chart should reflect "history of."

† Index prescription start date for the diabetes medication must occur at least 90 days prior to the end of the measurement year.

∞ ICD-10 code list is not comprehensive. Please contact a Humana representative with any questions.

PQA – Pharmacy Quality Alliance

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HCPCS – Healthcare Common Procedure Coding System

SNOMED CT – Systematized Nomenclature of Medicine Clinical Terms

UBREV – Uniform Billing Revenue

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