



# Individual & Family Plan Quality Rating System

Reference guide

January 2026

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## Billing Code Glossary

Current Procedural Terminology Category II (CPT® II) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes are supplemental tracking codes that can be used for performance measurement. They make it easier for you to share data with us quickly and efficiently. Adding CPT II and ICD-10-CM codes on claims for certain preventive care services and test results can give us a more complete picture of your patients' health—and help you close care opportunities tied to Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1</sup> and Quality Rating System performance measures.

- Current Procedural Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)
- International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
- Current Procedural Terminology Category II (CPT II)

### Benefits of CPT II and ICD-10-CM codes

- **Improved health outcomes.** With more precise data, we can refer patients to programs that may be appropriate for their health situation to help support your plan of care.
- **Enhanced performance.** With better information, we can work with you to help identify opportunities to improve patient care. This may lead to better performance on HEDIS measures for your practice.
- **More relevant patient education.** With more complete information, we can avoid sending reminders to patients to get screenings they may have already completed.
- **Fewer medical record requests.** By submitting accurate CPT II and ICD-10-CM codes, you can decrease our need to request medical records from your office to confirm care that you've already completed. This will reduce disruption for you and your staff.

<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

## Asthma Medication Ratio

Asthma Medication Ratio is a HEDIS measure. According to the National Committee for Quality Assurance, this measure is important because “the prevalence and cost of asthma have been increasing, demonstrating the need for better access to care and medication. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.”<sup>2</sup>

### Measure description

This measures the percentage of patients 5–64 years of age identified as having persistent asthma with a ratio of controller medications to total asthma medications of 0.50 or greater during the calendar year.

### Eligibility

Patients 5–64 years of age as of December 31 who have persistent asthma and met at least one of the following criteria during both the calendar year and the year prior to the measurement year are eligible.

- One emergency room visit.
- One acute inpatient encounter and/or inpatient discharge.
- One acute inpatient discharge on the discharge claim.
- Four outpatient visits, observation visits, telephone visits, e-visits, or virtual check-ins on different dates of service with any diagnosis of asthma, and two asthma medication-dispensing events for any controller or reliever medication.
- Four asthma medication-dispensing events for any controller or reliever medication.
- Four asthma-medication dispensing events where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year.

### Adherence

Half or more of the dispensed units of asthma medication should be a controller medication and less than half of the dispensed units of asthma medication should be a rescue medication.

Asthma controller medications	
Description	Prescription
Antibody inhibitors	omalizumab
Anti-interleukin-5	benralizumab, mepolizumab, reslizumab
Anti-interleukin-4	dupilumab
Inhaled corticosteroids	beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone (CFC-free), mometasone
Inhaled steroid combinations	budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, formoterol-mometasone
Leukotriene modifiers	montelukast, zafirlukast, zileuton
Methylxanthines	theophylline

Asthma reliever medications	
Description	Prescription
Short-acting, inhaled beta-2 agonists	albuterol
Short-acting, inhaled beta-2 agonists	levalbuterol

2. National Committee for Quality Assurance. “Asthma Medication Ratio (AMR).” National Committee for Quality Assurance. 2024. Retrieved from <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/asthma-medication-ratio-amr>.

## Use of Imaging Studies for Low Back Pain

Imaging for low back pain is likely not necessary within the first six weeks unless “red flags” are present or suspected, such as severe or progressive neurological deficits or serious underlying conditions (e.g., osteomyelitis).

### Measure description

This measures the percentage of patients 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, magnetic resonance imaging [MRI], computed tomography [CT] scan) within 28 days of the diagnosis.

### Eligibility

Patients 18 years of age as of January 1 to 75 years of age as of December 31 with a claim/encounter for an outpatient, observation, emergency room, physical therapy, or telehealth visit or osteopathic or chiropractic manipulative treatment with a principal diagnosis of low back pain during the intake period (January 1 through December 31 of the calendar year) are eligible.

### Adherence

Patients are **not** receiving imaging (X-ray, CT scan, MRI) within 28 days following the initial diagnosis of uncomplicated low back pain.

## Kidney Health Evaluation for Patients with Diabetes

This measure aligns with guidelines from the American Diabetes Association that recommend at least annual urinary albumin and estimated glomerular filtration rate (eGFR) evaluation.<sup>3</sup> Despite guideline recommendations, fewer than 50 percent of adults with diabetes receive an annual kidney health evaluation.<sup>3</sup> Diabetes places adults at a significant risk for developing chronic kidney disease due to vascular abnormalities that cause damage to kidneys.<sup>4</sup> Diabetic kidney disease is one of the most common adverse outcomes of diabetes, affecting 20–40 percent of patients with diabetes. Detection of chronic kidney disease, along with monitoring that guides prevention and treatment, is an important aspect of diabetes management.

### Measure description

This measures the percentage of persons 18–85 years of age with diabetes (type 1 or type 2) who received a kidney health evaluation, defined by an eGFR and a urine albumin-creatinine ratio (uACR), during the calendar year.

### Eligibility

Patients who are 18–85 years of age as of December 31 during the measurement year are eligible.

### Adherence

Patients received **both** an eGFR and a uACR during the measurement year on the same or different dates of service.

Description	CPT codes
eGFR lab test	80047, 80048, 80053, 82565, 80050, 80069
Quantitative urine albumin lab test	82043
Urine creatinine lab test	82570

3. American Diabetes Association Professional Practice Committee. 2025. "11. Chronic Kidney Disease and Risk Management: Standards of Care in Diabetes—2025." *Diabetes Care* 48(Suppl. 1):S239–51.

4. National Kidney Foundation (NKF). 2012. "KDOQI Clinical Practice Guideline for Diabetes and CKD: 2012 Update." *American Journal of Kidney Diseases* 60 (5): 850–86. <https://doi.org/10.1053/j.ajkd.2012.07.005>.

## Appropriate Treatment for Upper Respiratory Infection

Clinical practice guidelines do not recommend antibiotics for a majority of upper respiratory tract infections because of the viral etiology of these infections, including the common cold. A performance measure of antibiotic use for upper respiratory infection (URI) sheds light on the prevalence of inappropriate antibiotic prescribing in clinical practice and raises awareness of the importance of reducing inappropriate antibiotic use to combat antibiotic resistance in the community.

### Measure description

This measures the percentage of episodes for persons 3 months of age and older with a diagnosis of URI that did not result in an antibiotic dispensing event.

### Eligibility

Patients who were 3 months of age or older as of the episode date are eligible.

### Adherence

Prescription was dispensed for an antibiotic medication from the AAB Antibiotic Medications List on, or three days after, the episode date.

AAB Antibiotic Medications	
Description	Prescription
<b>Aminoglycosides</b>	Amikacin, Gentamicin, Streptomycin, Tobramycin
<b>Aminopenicillins</b>	Amoxicillin, Ampicillin
<b>Beta-lactamase inhibitors</b>	Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam
<b>First-generation cephalosporins</b>	Cefadroxil, Cefazolin, Cephalexin
<b>Fourth-generation cephalosporins</b>	Cefepime
<b>Lincomycin derivatives</b>	Clindamycin, Lincomycin
<b>Macrolides</b>	Azithromycin, Clarithromycin, Erythromycin
<b>Miscellaneous antibiotics</b>	Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin
<b>Natural penicillins</b>	Penicillin G benzathineprocaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine
<b>Penicillinase resistant penicillins</b>	Dicloxacillin, Nafcillin, Oxacillin
<b>Quinolones</b>	Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
<b>Rifamycin derivatives</b>	Rifampin
<b>Second-generation cephalosporin</b>	Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime
<b>Sulfonamides</b>	Sulfadiazine, Sulfamethoxazole-trimethoprim
<b>Tetracyclines</b>	Doxycycline, Minocycline, Tetracycline
<b>Third-generation cephalosporins</b>	Cefdinir, Cefixime, Cefotaxime, Cefpodoximem, Ceftazidime, Ceftriaxone
<b>Urinary anti-infectives</b>	Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim

## Child and Adolescent Well-Care Visits

Well-care visits provide preventive care services and help monitor development – including physical, mental, emotional, and behavioral – through age-appropriate screenings. Cigna Healthcare® continues to support full access to recommended pediatric immunizations. Vaccines administered during wellness or well-child visits remain **no-cost** as long as the provider is in-network.

### Measure description

This measures the percentage of patients 3–21 years of age who had at least one comprehensive well-care visit with a primary care provider (PCP) or an obstetrician/gynecologist during the calendar year.

### Eligibility

Patients who are 3–21 years of age as of December 31 are eligible.

### Adherence

Patients must have one or more well-care visits during the calendar year with a PCP or an obstetrician/gynecologist. The PCP or obstetrician/gynecologist does not have to be assigned to the patient.

### Codes

Adolescent Well Care (W30, WCC, WCV)		
Nutrition counseling	CPT	97802–97804
Nutrition counseling	HCPCS	G0270, G0271, G0447, S9449, S9452, S9470
Physical activity counseling	HCPCS	G0447, S9451
Well care	CPT	99381–99385, 99391–99395, 99461
Well care	HCPCS	G0438, G0439, S0302, S0610, S0612, S0613
Well-Child and Adolescent Visits (W30, WCC, and WCV)		
BMI pediatric, less than 5th percentile for age	ICD-10-CM	Z68.51
BMI pediatric, 5th percentile to less than 85th percentile for age	ICD-10-CM	Z68.52
BMI pediatric, 85th percentile to less than 95th percentile for age	ICD-10-CM	Z68.53
BMI pediatric, greater than or equal to 95th percentile for age	ICD-10-CM	Z68.54
BMI pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age	ICD-10-CM	Z68.55
BMI pediatric, greater than or equal to 140% of the 95th percentile for age	ICD-10-CM	Z68.56
Encounter for examination for participation in sport	ICD-10-CM	Z02.5
Encounter for child welfare exam	ICD-10-CM	Z02.84
Exercise counseling	ICD-10-CM	Z71.82
Encounter for general adult medical examination without abnormal findings	ICD-10-CM	Z00.00



Encounter for general adult medical examination with abnormal findings	ICD-10-CM	Z00.01
Health examination for newborn under 8 days old	ICD-10-CM	Z00.110
Health examination for newborn 8 to 28 days old	ICD-10-CM	Z00.111
Encounter for routine child health examination with abnormal findings	ICD-10-CM	Z00.121
Encounter for routine child health examination without abnormal findings	ICD-10-CM	Z00.129
Encounter for examination for period of rapid growth in childhood	ICD-10-CM	Z00.2
Encounter for examination for adolescent development state	ICD-10-CM	Z00.3
Encounter for gynecological examination (general) (routine) with abnormal findings	ICD-10-CM	Z01.411
Encounter for gynecological examination (general) (routine) without abnormal findings	ICD-10-CM	Z01.419
Encounter for health supervision and care of foundling	ICD-10-CM	Z76.1
Encounter for health supervision and care of other healthy infant and child	ICD-10-CM	Z76.2

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## Proportion of Days Covered

Medication adherence is critical to helping patients improve their health and vitality. When medications are taken as prescribed, it helps patients manage medical conditions, prevent disease progression, and avoid emergency room visits and hospital admissions.

Proportion of days covered (PDC) is used to measure adherence for patients who have diabetes, high blood pressure, and high cholesterol.

### Measure description

This measures the percentage of patients 18 years of age and older who met the PDC threshold of 80 percent for their medication during the calendar year.

Rates are reported for each of the following:

- PDC renin angiotensin system antagonists (PDC-RASA).
- PDC diabetes all class (PDC-DR).
- PDC statins (PDC-STA).

### Eligibility

#### **PDC-RASA**

Patients 18 years of age and older as of January 1 who filled **at least two prescriptions** for any RASA on different dates of service during the treatment period are eligible. The prescriptions can be for the same or different medications within each drug class.

See table below.

RASA <sup>5</sup>	
<b>Angiotensin-converting enzyme inhibitors</b>	<ul style="list-style-type: none"> <li>• benazepril (+/- amlodipine, hydrochlorothiazide)</li> <li>• captopril (+/- hydrochlorothiazide)</li> <li>• enalapril (+/- hydrochlorothiazide)</li> <li>• fosinopril (+/- hydrochlorothiazide)</li> <li>• lisinopril (+/- hydrochlorothiazide)</li> <li>• moexipril (+/- hydrochlorothiazide)</li> <li>• perindopril (+/- amlodipine)</li> <li>• quinapril (+/- hydrochlorothiazide)</li> <li>• ramipril</li> <li>•trandolapril (+/- verapamil)</li> </ul>
<b>Angiotensin receptor blockers (ARBs)</b>	<ul style="list-style-type: none"> <li>• azilsartan (+/- chlorthalidone)</li> <li>• candesartan (+/- hydrochlorothiazide)</li> <li>• eprosartan (+/- hydrochlorothiazide)</li> <li>• irbesartan (+/- hydrochlorothiazide)</li> <li>• losartan (+/- hydrochlorothiazide)</li> <li>• olmesartan (+/- amlodipine, hydrochlorothiazide)</li> <li>• telmisartan (+/- amlodipine, hydrochlorothiazide)</li> <li>• valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol)</li> </ul>
<b>Direct renin inhibitors</b>	<ul style="list-style-type: none"> <li>• aliskiren (+/- hydrochlorothiazide)</li> </ul>
Exclusions	
<b>ARB/neprilysin inhibitors</b>	<ul style="list-style-type: none"> <li>• sacubitril/valsartan</li> </ul>

5. The active ingredients are limited to oral formulations only. Excludes nutritional supplement/dietary management combination products.

**PDC-DR**

Patients 18 years of age and older as of January 1 who filled **at least two prescriptions** for any of these diabetes medications on different dates of service in the treatment period are eligible: biguanides, dipeptidyl peptidase-4 (DPP-4) inhibitors, glucagon-like peptide-1 (GLP-1) receptor agonists, meglitinides, sodium-glucose cotransporter-2 (SGLT2) inhibitors, sulfonylureas, and thiazolidinediones. The prescriptions can be for the same or different medications within each drug class.

See table below.

<b>Biguanides medications and combinations<sup>5</sup></b>	
<ul style="list-style-type: none"> <li>metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)</li> </ul>	
<b>DPP-4 inhibitors and combinations<sup>6</sup></b>	
<ul style="list-style-type: none"> <li>alogliptin (+/- metformin, pioglitazone)</li> <li>linagliptin (+/- empagliflozin, metformin)</li> </ul>	<ul style="list-style-type: none"> <li>saxagliptin (+/- metformin, dapagliflozin)</li> <li>sitagliptin (+/- metformin, ertugliflozin)</li> </ul>
<b>GLP-1 receptor agonists<sup>7</sup></b>	
<ul style="list-style-type: none"> <li>albiglutide</li> <li>dulaglutide</li> <li>exenatide</li> </ul>	<ul style="list-style-type: none"> <li>liraglutide</li> <li>lixisenatide</li> <li>semaglutide</li> <li>tirzepatide</li> </ul>
<b>Meglitinides and combinations<sup>6</sup></b>	
<ul style="list-style-type: none"> <li>nateglinide</li> </ul>	<ul style="list-style-type: none"> <li>repaglinide (+/- metformin)</li> </ul>
<b>SGLT2 inhibitors and combinations<sup>6</sup></b>	
<ul style="list-style-type: none"> <li>bexagliflozin</li> <li>canagliflozin (+/- metformin)</li> <li>dapagliflozin (+/- metformin, saxagliptin)</li> </ul>	<ul style="list-style-type: none"> <li>empagliflozin (+/- metformin, linagliptin)</li> <li>ertugliflozin (+/- sitagliptin, metformin)</li> </ul>
<b>Sulfonylureas medications and combinations<sup>8</sup></b>	
<ul style="list-style-type: none"> <li>chlorpropamide</li> <li>glimepiride (+/- pioglitazone, rosiglitazone)</li> <li>glipizide (+/- metformin)</li> </ul>	<ul style="list-style-type: none"> <li>glyburide (+/- metformin)</li> <li>tolazamide</li> <li>tolbutamide</li> </ul>
<b>Thiazolidinediones medications and combinations<sup>6</sup></b>	
<ul style="list-style-type: none"> <li>pioglitazone (+/- alogliptin, glimepiride, metformin)</li> </ul>	<ul style="list-style-type: none"> <li>rosiglitazone (+/- glimepiride, metformin)</li> </ul>
<b>Exclusions<sup>9</sup></b>	
<ul style="list-style-type: none"> <li>insulin aspart (+/- insulin aspart protamine, niacinamide)</li> <li>insulin degludec (+/- liraglutide)</li> <li>insulin detemir</li> <li>insulin glargine (+/- lixisenatide)</li> <li>insulin glargine-aglr</li> </ul>	<ul style="list-style-type: none"> <li>insulin glulisine</li> <li>insulin isophane (+/- regular insulin)</li> <li>insulin lispro (+/- insulin lispro protamine)</li> <li>insulin regular (including inhalation powder)</li> </ul>

5. The active ingredients are limited to oral formulations only. Excludes nutritional supplement/dietary management combination products.

6. The active ingredients are limited to oral formulations only.

7. Excludes products indicated only for weight loss.

8. The active ingredients are limited to oral formulations only (include all salts and dosage forms).

9. The active ingredients are limited to inhaled and injectable formulations only.

**PDC-STA**

Patients 18 years of age and older as of January 1 who filled **at least two prescriptions** for any statin or statin combination product on different dates of service in the treatment period are eligible. The prescriptions can be for the same or different medications within each drug class.

See table below.

Statins <sup>6</sup>	
<ul style="list-style-type: none"> <li>• atorvastatin (+/- amlodipine)</li> <li>• fluvastatin</li> <li>• lovastatin (+/- niacin)</li> <li>• pitavastatin</li> </ul>	<ul style="list-style-type: none"> <li>• pravastatin</li> <li>• rosuvastatin (+/- ezetimibe)</li> <li>• simvastatin (+/- ezetimibe, niacin)</li> </ul>

**Adherence**

Patients must meet the PDC threshold of 80 percent for their medication during the calendar year.

6. The active ingredients are limited to oral formulations only.

## Cervical Cancer Screening

The American Cancer Society recommends that individuals with a cervix initiate cervical cancer screening at age 25 years, and undergo primary human papillomavirus (HPV) testing every five years through age 65 years.

### Measure description

This measures the percentage of persons 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Cervical cytology was performed within the last three years.
- Cervical high-risk human papillomavirus (hrHPV) testing was performed within the last five years.
- Cervical cytology/hrHPV cotesting was performed within the last five years.

### Eligibility

Patients 24–64 years as of the end of the measurement period who were recommended for routine cervical cancer screening and meet the criteria for participation are eligible.

### Adherence

The number of patients recommended for routine cervical cancer screening were screened for cervical cancer and met either of the following criteria:

- 24–64 years of age by the end of the measurement period who were recommended for routine cervical cancer screening and had cervical cytology during the measurement period or the two years prior to the measurement period.
- 30–64 years of age by the end of the measurement period who were recommended for routine cervical cancer screening and had cervical hrHPV testing during the measurement period or the four years prior to the measurement period and who were 30 years or older on test date.

Description	Codes	
<b>Cervical cytology lab test</b>	HCPCS	G00123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001
<b>Cervical cytology lab test</b>	CPT	88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175
<b>High risk HPV lab test</b>	CPT	87624, 87625, 87626, 0502U
<b>High risk HPV lab test</b>	HCPCS	G0476
<b>Hysterectomy with no residual cervix</b>	CPT	57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 58956, 59135
<b>Cervical Cancer Screening (CCS-E)</b>		
<b>Agenesis and aplasia of cervix</b>	ICD-10-CM	Q51.5
<b>Acquired absence of both cervix and uterus</b>	ICD-10-CM	Z90.710
<b>Acquired absence of cervix with remaining uterus</b>	ICD-10-CM	Z90.712

## Colorectal Cancer Screening

Colorectal cancer represents 8 percent of all new cancer cases and is the second leading cause of cancer deaths in the United States.<sup>7</sup> Screening can be effective for finding precancerous lesions (polyps) that could later become malignant, and for detecting early cancers that can be more easily and effectively treated.

### Measure description

This measures the percentage of patients 45–75 years of age who had appropriate screening for colorectal cancer.

### Eligibility

Patients 46–75 years as of the end of the measurement period who also meet the criteria for participation are eligible.

### Adherence

Patients with one or more screenings for colorectal cancer and met any of the following criteria:

- Fecal occult blood test (FOBT) during the measurement period.
- Stool DNA (sDNA) with FIT test during the measurement period or the two years prior to the measurement period.
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period.
- CT colonography during the measurement period or the four years prior to the measurement period.
- Colonoscopy during the measurement period or the nine years prior to the measurement period.

Description	Codes
<b>Colonoscopy</b>	CPT 44388–44392, 44394, 44401–44408, 45378–45382, 45384–45386, 45388–45393, 45398
<b>Colonoscopy</b>	HCPCS G0105, G0121
<b>CT colonography</b>	CPT 74261–74263
<b>sDNA FIT lab test</b>	CPT 81528, 0464U
<b>FOBT</b>	CPT 82270, 82274
<b>FOBT</b>	HCPCS G0328
<b>Flexible sigmoidoscopy</b>	CPT 45330–45335, 45337, 45338, 45340–45342, 45346, 45347, 45349, 45350
<b>Flexible sigmoidoscopy</b>	HCPCS G0104

7. National Committee for Quality Assurance. "Colorectal Cancer Screening." National Committee for Quality Assurance. 2025. Retrieved from [Colorectal Cancer Screening \(COL-E\) - NCQA](#).