



Longevity Health (LH) Measurement Year 2026 Star Measure Quick Reference

Part-C HEDIS Measure	Compliance	Exclusions*
Breast Cancer Screening <i>Applies to female LH members aged 50-65, continuously enrolled since October 1, 2024.</i>	Mammogram (any type) between: October 1, 2024, and December 31, 2026 Mammograms should be documented on the lab/vital sign form in LWCC.	<ul style="list-style-type: none">• Palliative care in 2026• Hospice/hospice services in 2026• Bilateral mastectomy on or prior to December 31, 2026
Colon Cancer Screening <i>Applies to LH members aged 45-65, continuously enrolled since January 1, 2025.</i>	One of the following colorectal cancer screening tests documented on the lab/vital signs form in LWCC. <ul style="list-style-type: none">• Fecal occult blood testing (FOBT) between: January 1, 2026, and December 31, 2026• Cologuard (Stool DNA FIT lab test) between: January 1, 2024, and December 31, 2026• Colonoscopy between: January 1, 2017, and December 31, 2026• Flexible sigmoidoscopy or CT colonography between: January 1, 2022, and December 31, 2026	<ul style="list-style-type: none">• Palliative care in 2026• Hospice/hospice services in 2026• Colorectal cancer or total colectomy on or prior to December 31, 2026
Care of Older Adults <i>Applies to LH members aged 66+, continuously enrolled in 2026.</i>	Documentation of a medication review in 2026. Documentation of a functional status assessment in 2026. Completing an APP Comprehensive Encounter in 2026 will meet these measures.	<ul style="list-style-type: none">• Hospice/hospice services in 2026
Controlling Blood Pressure <i>Applies to LH members aged 18-65 with two diagnoses of hypertension between January 1, 2025, and June 30, 2026.</i>	Most recent blood pressure reading documented in LWCC vital sign section is <140/90 in 2026.	<ul style="list-style-type: none">• Palliative care in 2026• Hospice/hospice services in 2026• Evidence of ESRD, dialysis, nephrectomy, or kidney transplant on or prior to December 31, 2026.

Longevity Health (LH) Measurement Year 2026 Star Measure Quick Reference

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<p>Eye Exams for Patients with Diabetes</p> <p><i>Applies to LH members aged 18-65 with at least two diagnoses of diabetes on different dates of service (2025 and 2026) or one diagnosis of diabetes AND a pharmacy claim for insulin or hypoglycemics/ antihyperglycemics.</i></p>	<p>Positive or negative screening (dilated eye exam, retinal exam, or fundus photography) performed by an eye care professional between January 1, 2026- December 31, 2026.</p> <p>Negative screening (retinal or dilated eye exam) performed by an eye care professional in 2025.</p> <p>Eye Care Professionals: Refer to page 4 for the complete list of codes for dilated eye exams, retinal exams, and fundus photography that satisfy the measure criteria for one to two years.</p> <p>Longevity APPs: This gap is closed by documenting findings from a dilated eye exam or seven standard field stereoscopic retinal photos (this is not the same as fundus photography) in a billable encounter.</p> <ul style="list-style-type: none">Record the eye exam result (positive or negative for retinopathy) in the LWCC lab form.Include eye exam details in the MEAT section of an applicable problem (e.g., diabetes, hypertension, or screening for eye condition***). The MEAT entry must contain five elements (see job aid LWCC documentation Star-HEDIS.pdf) :<ul style="list-style-type: none">Eye exam date (this can be 2025 if negative for retinopathy or 2026)Statement that a dilated eye exam was doneName of the optometrist/ophthalmologist that reviewed the resultsCredentials of the optometrist/ophthalmologist that reviewed the resultsFindings (no evidence of retinopathy or evidence of retinopathy) <p>***The diagnosis/problem “Screening for eye condition” cannot be the primary problem/diagnosis for the encounter. There must be a condition addressed during the encounter.</p>	<ul style="list-style-type: none">Palliative care in 2026Hospice/hospice services in 2026Bi-lateral eye enucleation
<p>Glycemic Status Assessment for Patients with Diabetes</p> <p><i>Applies to LH members aged 18-65 with at least two diagnoses of diabetes on different dates of service (2025 and 2026) or one diagnosis of diabetes AND a pharmacy claim for insulin or hypoglycemics/ antihyperglycemics.</i></p>	<p>Most recent A1c test or glucose management indicator (GMI) documented on the lab/vital sign form in LWCC is $\leq 9.0\%$ in 2026.</p>	<ul style="list-style-type: none">Palliative care in 2026Hospice/hospice services in 2026

Longevity Health (LH) Measurement Year 2026 Star Measure Quick Reference

<p>Kidney Health Evaluation for Patients with Diabetes</p> <p><i>Applies to LH members aged 18-65 with at least two diagnoses of diabetes on different dates of service (2025 and 2026) or one diagnosis of diabetes AND a pharmacy claim for insulin or hypoglycemics/ antihyperglycemics.</i></p>	<p>Completion of the following labs during the measurement year:</p> <ul style="list-style-type: none">• eGFR• Urine Albumin (CPT 82043, LOINC Code 14957-5) ****• Urine Creatinine (CPT 82570, LOINC Code 2161-8) **** <p>Documentation of the uACR in the LWCC lab form.</p> <p>****If the urine albumin and urine creatinine labs are not run on the same day, then the urine labs must be done within 4 days of each other.</p>	<ul style="list-style-type: none">• Palliative care in 2026• Hospice/hospice services in 2026• Evidence of ESRD or dialysis on or prior to December 31, 2026
<p>Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions</p> <p><i>Applies to LH members, aged 18+, with two or more chronic conditions diagnosed in 2025 or 2026 (prior to the ED visit), and who are continuously enrolled 365 days prior to the ED visit through 7 days after the ED visit.</i></p>	<p>Documentation of a follow-up service within 7 days of the ED visit on or between January 1, 2026, and December 24, 2026.</p> <p>The Model of Care requires a follow-up visit within 2 days.</p> <p><i>High risk chronic conditions include COPD and asthma, Alzheimer’s disease and related disorders, CKD, depression, heart failure, acute MI, a-fib, stroke or TIA.</i></p>	<ul style="list-style-type: none">• Hospice/hospice services in 2026

*Members who pass away in 2026 will automatically be excluded from all the measures above.

** Members are allowed one gap in continuous enrollment of up to 45 days.

Longevity Health (LH) Measurement Year 2026 Star Measure Quick Reference

Eye Care Professionals

Adding the appropriate diabetic eye exam CPT II code to claims provide exam result information that supports key performance measures for programs like Healthcare Effectiveness Data and Information Set (HEDIS) and Star Ratings. Including these codes reduces administrative burdens. The codes listed below may be used to address HEDIS Eye Exam care gaps for members with diabetes. They are provided for reference only and are not intended to dictate billing practices. CPT II codes are for informational purposes only and should be submitted with a \$0.00 charge.

- Eye exam (920xx) and evaluation and management (E /M) codes (992xx) billed by an optometrist or ophthalmologist close the gap for 1 year.
 - Retinal eye exam: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92250
 - Autonomous eye exam: 92229
 - Retinal Imaging: 92227, 92228, 92137
 - E/M Codes (Retinal Eye Exam): 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245
- **The above eye exam (920xx) and E/M codes (992xx) billed by an optometrist or ophthalmologist along with a diagnosis of diabetes without complications (E10.9, E11.9 or E13.9) close the gap for 2 years.**

CPT II Codes that can be added to a claim to close eye exam gaps:

- CPT II Codes for Patients **with** Evidence of Retinopathy
 - 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
 - 2024F Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed
 - 2026F Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed
- CPT II Codes for Patients **without** Evidence of Retinopathy
 - 2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
 - 2025F Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed
 - 2033F Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos documented and reviewed
- CPT II codes for Patients with **Low Risk of Retinopathy** (diabetic retinal screening negative in the prior year)
 - 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)

Longevity Health (LH) Measurement Year 2026 Star Measure Quick Reference



Pharmacy (Part-D)


- **Medication adherence** measures apply to Longevity Health members age 18+measures apply to Longevity Health members age 18+ *with at least 2 prescription claims on different dates of service for medications in the targeted drug class(es) during the treatment period (the treatment period must be at least 91 days).*
- **Compliance:** *at least 80% portion of days covered (days of medication coverage/days in the measurement period). Portion of days covered is measured through paid, non-reversed, prescription drug events submitted by the pharmacy benefit manager.*

Part-D Measure	Measure	Medications		Exclusions
Medication Adherence- Diabetes	Percentage of beneficiaries who adhere to their prescribed drug therapy across the medication classes described in the next column.	Biguanides (Oral formulations only, excludes nutritional supplement/dietary management combination products)	<ul style="list-style-type: none">• metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)	<ul style="list-style-type: none">• Hospice in 2026• ESRD• 1+ Rx for Insulin
		Sulfonylureas and Combinations (Oral formulations only)	<ul style="list-style-type: none">• chlorpropamide glipizide (+/- metformin)• tolazamide glimepiride (+/- pioglitazone)• glyburide (+/- metformin)• tolbutamide	
		Thiazolidinediones and Combinations (Oral formulations only)	<ul style="list-style-type: none">• pioglitazone (+/- alogliptin, glimepiride, metformin)• rosiglitazone (+/- metformin)	
		DPP-4 Inhibitors and Combinations (Oral formulations only)	<ul style="list-style-type: none">• alogliptin (+/- metformin, pioglitazone)• saxagliptin (+/- metformin, dapagliflozin)• linagliptin (+/- empagliflozin, metformin)	
		GIP/GLP-1 Receptor Agonists (Excludes products indicated for weight loss)	<ul style="list-style-type: none">• Albiglutide, exenatide• Lixisenatide, dulaglutide• liraglutide• semaglutide	
		Meglitinides and Combinations (Oral formulations only)	<ul style="list-style-type: none">• Nateglinide• repaglinide (+/-metformin)	
		SGLT2 Inhibitors and Combinations (Oral formulations only)	<ul style="list-style-type: none">• canagliflozin (+/- metformin)• dapagliflozin (+/- metformin, saxagliptin)• empagliflozin (+/- metformin, linagliptin)	


Longevity Health (LH) Measurement Year 2026 Star Measure Quick Reference

Part-D Measure	Measure	Medications	Exclusions
Medication Adherence-Hypertension (RAS)	Percentage of beneficiaries who adhere to their prescribed drug therapy across the medication classes described in the next column.	Direct Renin Inhibitor Medications and Combinations <ul style="list-style-type: none">aliskiren (+/- amlodipine, hydrochlorothiazide)	<ul style="list-style-type: none">Hospice services in 2026Diagnosis of ESRD in 20261+ Rx fills for sacubitril/valsartan
		ARB Medications and Combinations <ul style="list-style-type: none">azilsartan (+/- chlorthalidone)candesartan (+/- hydrochlorothiazide)eprosartan (+/- hydrochlorothiazide)irbesartan (+/- hydrochlorothiazide)losartan (+/- hydrochlorothiazide)olmesartan (+/- amlodipine, hydrochlorothiazide)telmisartan (+/- amlodipine, hydrochlorothiazide)valsartan (+/- amlodipine, hydrochlorothiazide nebivolol)	
		ACE Inhibitor Medications and Combination Products <ul style="list-style-type: none">benazepril (+/- amlodipine, hydrochlorothiazide)captopril (+/- hydrochlorothiazide)enalapril (+/- hydrochlorothiazide)fosinopril (+/- hydrochlorothiazide)lisinopril (+/- hydrochlorothiazide)moexipril (+/- hydrochlorothiazide)perindopril (+/- amlodipine)quinapril (+/- hydrochlorothiazide)ramipril trandolapril (+/- verapamil)	
Medication Adherence-Cholesterol	Percentage of beneficiaries who adhere to their prescribed drug therapy across the medication classes described in the next column.	Statin <ul style="list-style-type: none">atorvastatin (+/- amlodipine, ezetimibe)fluvastatinlovastatin (+/- niacin)pitavastatinpravastatinrosuvastatinsimvastatin (+/-ezetimibe, niacin, sitagliptin)	<ul style="list-style-type: none">Hospice services in 2026Diagnosis of ESRD in 2026

Longevity Health (LH) Measurement Year 2026 Star Measure Quick Reference

Part-D Measure	Measure	Medications	Exclusions																																								
Statin Use in Persons with Diabetes	Percent of beneficiaries (age 45-75) who were dispensed at least 2 diabetes medications and received at least 1 statin medication fill in 2026.	<div><div>Statin</div><div><ul style="list-style-type: none">• atorvastatin (+/- amlodipine, ezetimibe)• fluvastatin• lovastatin (+/- niacin)• pitavastatin• pravastatin• rosuvastatin• simvastatin (+/-ezetimibe, niacin, sitagliptin)</div></div>	<ul style="list-style-type: none">• Hospice services in 2026• One of the following diagnoses in 2026: -Pre-diabetes -ESRD -Cirrhosis -Rhabdomyolysis or myopathy -PCOS																																								
<div><div>Concurrent Use of Opioids and Benzodiazepines</div><div></div><div><i>When possible, avoid using opioids and benzos. at</i></div></div>	<p>Percentage of beneficiaries, age 18+, with concurrent use of prescription opioids and benzodiazepines in 2026.</p> <p>Concurrent use is defined as an overlapping day's supply of an opioid and benzodiazepine for at least 30 <u>cumulative</u> days in 2026.</p>	<table><tr><th colspan="2">Opioid Medications</th><th colspan="2">Benzodiazepine Medications</th></tr><tr><td>benzhydrocodone</td><td>meperidine</td><td>alprazolam</td><td>midazolam</td></tr><tr><td>buprenorphine</td><td>methadone</td><td>chlordiazepoxide</td><td>oxazepam</td></tr><tr><td>butorphanol</td><td>morphine</td><td>clobazam</td><td>temazepam</td></tr><tr><td>codeine</td><td>opium</td><td>clonazepam</td><td>triazolam</td></tr><tr><td>dihydrocodeine</td><td>oxycodone</td><td>clorazepate</td><td></td></tr><tr><td>fentanyl</td><td>oxymorphone</td><td>diazepam</td><td></td></tr><tr><td>hydrocodone</td><td>pentazocine</td><td>estazolam</td><td></td></tr><tr><td>hydromorphone</td><td>tapentadol</td><td>flurazepam</td><td></td></tr><tr><td>levorphanol</td><td>tramadol</td><td>lorazepam</td><td></td></tr></table> <p>Opioid medications include combination products and prescription opioid cough meds.</p> <p>Opioid medications exclude injectable formulations, sublingual sufentanil, and single-agent and combination buprenorphine products used to treat opioid use disorder.</p> <p>Benzodiazepines include combination products.</p> <p>Benzodiazepines exclude injectable formulations.</p>	Opioid Medications		Benzodiazepine Medications		benzhydrocodone	meperidine	alprazolam	midazolam	buprenorphine	methadone	chlordiazepoxide	oxazepam	butorphanol	morphine	clobazam	temazepam	codeine	opium	clonazepam	triazolam	dihydrocodeine	oxycodone	clorazepate		fentanyl	oxymorphone	diazepam		hydrocodone	pentazocine	estazolam		hydromorphone	tapentadol	flurazepam		levorphanol	tramadol	lorazepam		<ul style="list-style-type: none">• Hospice services in 2026• Cancer diagnosis in 2026• Sick cell diagnosis in 2026• Palliative care diagnosis code in 2026.
Opioid Medications		Benzodiazepine Medications																																									
benzhydrocodone	meperidine	alprazolam	midazolam																																								
buprenorphine	methadone	chlordiazepoxide	oxazepam																																								
butorphanol	morphine	clobazam	temazepam																																								
codeine	opium	clonazepam	triazolam																																								
dihydrocodeine	oxycodone	clorazepate																																									
fentanyl	oxymorphone	diazepam																																									
hydrocodone	pentazocine	estazolam																																									
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Longevity Health (LH) Measurement Year 2026 Star Measure Quick Reference

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<div><div><div><div><div></div><div>Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults</div></div></div><div></div><div>When possible, avoid using more than one anticholinergic at the same time.</div></div></div> <div><p>Percentage of beneficiaries, age 65+ with concurrent use of two or more unique ACH medications in 2026.</p><p>Concurrent use is defined as overlapping days’ supply for at least 30 <u>cumulative</u> days of unique medications within each ACH drug classification.</p></div> <div><table><tr><td colspan="3">Antihistamine Medications</td></tr><tr><td>brompheniramine</td><td>dimenhydrinate</td><td>hydroxyzine</td></tr><tr><td>chlorpheniramine</td><td>diphenhydramine (oral)</td><td>meclizine</td></tr><tr><td>cyproheptadine</td><td>doxylamine</td><td>triprolidine</td></tr><tr><td colspan="3">Antiparkinsonian Agent Medications</td></tr><tr><td>benztropine</td><td>trihexyphenidyl</td><td></td></tr><tr><td colspan="3">Skeletal Muscle Relaxant Medications</td></tr><tr><td>cyclobenzaprine</td><td>orphenadrine</td><td></td></tr><tr><td colspan="3">Antidepressant Medications</td></tr><tr><td>amitriptyline</td><td>doxepin (>6 mg/day)</td><td>paroxetine</td></tr><tr><td>amoxapine</td><td>imipramine</td><td></td></tr><tr><td>clomipramine</td><td>nortriptyline</td><td></td></tr><tr><td>desipramine</td><td></td><td></td></tr><tr><td colspan="3">Antipsychotic Medications</td></tr><tr><td>chlorpromazine</td><td>olanzapine</td><td></td></tr><tr><td>clozapine</td><td>perphenazine</td><td></td></tr><tr><td colspan="3">Antimuscarinic (urinary incontinence) Medications</td></tr><tr><td>darifenacin</td><td>oxybutynin</td><td>tolterodine</td></tr><tr><td>fesoterodine</td><td>solifenacin</td><td>trospium</td></tr><tr><td>flavoxate</td><td></td><td></td></tr><tr><td colspan="3">Antispasmodic Medications</td></tr><tr><td>atropine (excludes ophthalmic)</td><td>dicyclomine</td><td>scopolamine (excludes ophthalmic)</td></tr><tr><td>clidinium-chlordiazepoxide</td><td>homatropine (excludes ophthalmic)</td><td></td></tr><tr><td></td><td>hyoscyamine</td><td></td></tr><tr><td colspan="3">Antiemetic Medications</td></tr><tr><td>prochlorperazine</td><td>promethazine</td><td></td></tr></table></div> <div><ul style="list-style-type: none">Hospice services in 2026</div>	Antihistamine Medications			brompheniramine	dimenhydrinate	hydroxyzine	chlorpheniramine	diphenhydramine (oral)	meclizine	cyproheptadine	doxylamine	triprolidine	Antiparkinsonian Agent Medications			benztropine	trihexyphenidyl		Skeletal Muscle Relaxant Medications			cyclobenzaprine	orphenadrine		Antidepressant Medications			amitriptyline	doxepin (>6 mg/day)	paroxetine	amoxapine	imipramine		clomipramine	nortriptyline		desipramine			Antipsychotic Medications			chlorpromazine	olanzapine		clozapine	perphenazine		Antimuscarinic (urinary incontinence) Medications			darifenacin	oxybutynin	tolterodine	fesoterodine	solifenacin	trospium	flavoxate			Antispasmodic Medications			atropine (excludes ophthalmic)	dicyclomine	scopolamine (excludes ophthalmic)	clidinium-chlordiazepoxide	homatropine (excludes ophthalmic)			hyoscyamine		Antiemetic Medications			prochlorperazine	promethazine	
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Longevity Health (LH) Measurement Year 2026 Star Measure Quick Reference

Measure	Exclusion	ICD10 Code	ICD-10 Code Description
Medication Adherence + Statin Use in Persons with Diabetes	ESRD	I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
		I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
		I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
		N18.5	Chronic kidney disease, stage 5
		N18.6	End stage renal disease
		N19	Renal failure, unspecified
Statin Use in Persons with Diabetes	Cirrhosis	K70.30	Alcoholic cirrhosis of liver without ascites
		K70.31	Alcoholic cirrhosis of liver with ascites
		K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
		K74.3	Primary biliary cirrhosis
		K74.4	Secondary biliary cirrhosis
		K74.5	Biliary cirrhosis, unspecified
		K74.60	Unspecified cirrhosis of liver
		K74.69	Other cirrhosis of liver
	Myopathy and Rhabdomyolysis	G72.0	Drug-induced myopathy
		G72.89	Other specified myopathies
		G72.9	Myopathy, unspecified
		M60.80	Other myositis, unspecified site
		M60.819	Other myositis, unspecified shoulder
		M60.829	Other myositis, unspecified upper arm
		M60.839	Other myositis, unspecified forearm
		M60.849	Other myositis, unspecified hand
		M60.859	Other myositis, unspecified thigh
		M60.869	Other myositis, unspecified lower leg
		M60.879	Other myositis, unspecified ankle and foot
		M62.82	Rhabdomyolysis
	Prediabetes	R73.03	Prediabetes
		R73.09	Other abnormal blood glucose
	PCOS	E28.2	Polycystic ovarian syndrome