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Statin Therapy for Patients with Cardiovascular Disease (SPC-E)¹

EFFECTIVENESS OF CARE HEDIS[®] MEASURE

Cardiovascular disease is the leading cause of death in the United States. Unhealthy cholesterol levels place patients at significant risk for developing atherosclerotic cardiovascular disease (ASCVD). Effective statin therapy can dramatically reduce deaths from coronary artery diseases.²

New for 2026: This measure is being collected and reported through Electronic Clinical Data Systems (ECDS[®]).³ ECDS is defined as a HEDIS quality measure that is reported using structured electronic clinic data from multiple interoperable data systems – rather than relying primarily on claims data or manual chart review.

Measure definition

The percentage of patients 21–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- Received statin therapy: patients who were dispensed at least one high or moderate intensity statin medication during the measurement year.
- Statin adherence 80%: patients who remained on a high or moderate intensity statin medication for at least 80% of the treatment period.

Note: To be eligible for this measure in 2026, the member must be continuously enrolled with a medical benefit as of 1/1/2025 through the current measurement year.

Category	Condition
Atherosclerotic Cardiovascular Disease (ASCVD)	<ul style="list-style-type: none"> • Myocardial infarction (MI) • Coronary artery bypass graft (CABG) • Percutaneous coronary intervention (PCI) • Other revascularization procedure

Note: Patients must use their Medicare Part D pharmacy benefit to close this measure.

Category	Medication
High intensity	<ul style="list-style-type: none"> • Atorvastatin (40-80 mg) • Amlodipine-atorvastatin (40-80 mg) • Ezetimibe-simvastatin (80 mg) • Rosuvastatin (20-40 mg) • Simvastatin (80 mg)

Category	Medication
Moderate intensity	<ul style="list-style-type: none"> Atorvastatin (10-20 mg) Amlodipine-atorvastatin (10-20 mg) Ezetimibe-simvastatin (20-40 mg) Fluvastatin (40-80 mg) Lovastatin (40-60 mg) Pitavastatin (1-4 mg) Pravastatin (40-80 mg) Rosuvastatin (5-10 mg) Simvastatin (20-40 mg)

Coding information

To exclude patients from the measure who cannot tolerate statin medications, a claim must be submitted annually using the appropriate ICD-10-CM code³:

- These codes are intended to close HEDIS measure gaps and do not apply to payment or reimbursement. Only the codes listed below will exclude the patient from the SPC-E measure.
- Providers may contact the patient to confirm and document the diagnosis in the medical record. They should then bill the non-reimbursable HCPCS[®] code⁴ G9781 for \$0.01 with the applicable ICD-10-CM code attached to process the claim and remove the patient from the Star measure.

ICD-10-CM code	Condition
M79.10–M79.12, M79.18	Myalgia
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	Myositis
G72.0, G72.2, G72.9	Myopathy
M62.82	Rhabdomyolysis
K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81	Cirrhosis
N18.5, N18.6, Z99.2	End stage renal disease (ESRD)
Numerous > 1k	Pregnancy
CPT [®] code ⁵ and HCPCS code	Condition
90935, 90937, 90945, 90947, 90997, 90999, 99512, G0257, S9339	Dialysis
HCPCS code	Condition
S4015, S4016, S4018, S4020, S4021	In vitro fertilization (IVF)

Tips for successfully closing care gap

Educate patients on the importance of statin medication adherence.

- Prescribe high-intensity or moderate-intensity statin medication (see table above) to patients diagnosed with ASCVD when clinically appropriate.
- Once patient demonstrates they can tolerate statin therapy, utilize 90-day or 100-day prescription fills to encourage medication adherence.
- Consider adding directives to prescription instructing the pharmacy to run it through the patient's pharmacy benefit, especially when utilizing discount programs.
- Instruct patients to fill prescriptions using their pharmacy benefit.
 - Claims filled through pharmacy discount programs, VA benefits, cash claims, and medication samples would not count.
 - Gap closure is dependent on pharmacy claims.
- Instruct patients to contact their practitioner if they are feeling adverse effects.
 - Document any adverse effects from statin therapy.
 - Determine if the signs/symptoms qualify as an exclusion.
 - Try reducing the dose or frequency.
 - Consider trying a different statin.

Exclusions

Patients are excluded if they:

- Are diagnosed with myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.
- Are diagnosed with end stage renal disease, cirrhosis or received dialysis during the measurement period or the year prior.
- Are diagnosed with myalgia or rhabdomyolysis caused by a statin any time during the patients' history.
- Are diagnosed with pregnancy, received in vitro fertilization (IVF) or had at least one prescription for clomiphene (estrogen agonist) during the measurement year.
- Received hospice or palliative care during the measurement year.
- Are age 66 and older with advanced illness **and** frailty (for additional definition information, see the [Advanced Illness and Frailty Guide](#)).
- Are deceased during the measurement year.

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²American College of Cardiology. "Statin Use for Primary Prevention of CVD: USPSTF Recommendation." [acc.org/Latest-in-Cardiology/ten-points-to-remember/2022/08/23/22/22/ Statin-Use-for-the-Primary-Prevention](https://www.acc.org/Latest-in-Cardiology/ten-points-to-remember/2022/08/23/22/22/Statin-Use-for-the-Primary-Prevention)

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⁴ICD-10-CM, created by the National Center for Health Statistics, under authorization of the World Health Organization (WHO) -copyright 2026. All rights reserved.

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