HEDIS 2020
Provider Resource Manual

KERN HEALTH SYSTEMS

Kern Family Health Care™

KERN HEALTH SYSTEMS

Kern Health Systems strives to provide quality healthcare to our membership as measured through Healthcare Effectiveness Data and Information Set (HEDIS) quality metrics. We created a HEDIS 2020 Provider Booklet with descriptions of the measures, codes, and tips to help you increase your HEDIS rates.

This booklet is designed to help your practice increase your HEDIS performance scores and understand the measures and the coding that will provide evidence of services rendered for your patients. The booklet includes:

- Measure descriptions
- Age ranges
- Exclusions
- Codes for each measure
- Helpful tips for improving measure performance.

How can I improve my HEDIS scores?

- Submit claim/encounter data for each service rendered.
- Ensure that all claim/encounter data is submitted in an accurate and timely manner.
- Make sure that chart documentation reflects all services billed.
- Consider including CPT II codes to provide additional details and reduce medical record requests.

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS) was created by the National Committee for Quality Assurance (NCQA) to measure the clinical quality performance of health plans. This is accomplished through the collection and analysis of data, documenting the clinical care received by individual plan members and influences through activities and programs delivered by the health plan. The data is aggregated and reported collectively to reflect population-based care received by the plan's membership. These reports have become a major component of quality rating systems that measure the clinical quality performance by Centers for Medicare and Medicaid Services and those states offering Medicaid and other entities.

What is MCAS?

Every year the Department of Health Care Services (DHCS) of California selects a set of performances measures for annual reporting by Medi-Cal managed care health plans (MCPs). The measures are known as the Managed Care Accountability Set (MCAS). They cover many aspects of health care, including:

- preventive care such as screenings and tests,
- management of physical and mental health conditions,
- access and availability of care,

- patient experience, and
- utilization and relative resource use.

Data collected for the measures includes information from claims, pharmacy, labs, record audits and surveys. HEDIS data is very important to health plans like Kern Family Healthcare. These scores can help us understand the quality of care being delivered to our members for some of the most common chronic and acute illnesses. Compliance rates for these measures are used by DHCS to determine auto-assignment of new member to Medi-Cal managed care plans in Kern County.

Analysis of HEDIS data helps to identify gaps care, issues related to management of drug and alcohol abuse, and concerns related to medication prescribing practices and adherence to medications. This helps to design and implement interventions that can improve health outcomes and reduce the cost of care. As the healthcare industry moves more toward value-based purchasing, all providers, insurers and their vendors are increasingly focused on the quality and outcomes of care delivered.

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Adult Body Mass Index Assessment (ABA)

Measure description:

The percentage of members 18–74 years of age who had an outpatient visit and whose body

mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Documentation Requirements:

For members **20 years and older** on the date of service, documentation in the medical record must indicate the weight and **BMI value**, dated during the measurement year or year prior to the measurement year. The weight and BMI value must be from the same source.

For members **younger than 20 years** on the date of service, documentation in the medical record must indicate the height, weight and **BMI percentile**, dated during the measurement year or year prior to the measurement year. The height, weight and BMI percentile must be from the same data source.

For BMI percentile, either of the following meets criteria:

- BMI percentile documented as a value (e.g., 85th percentile).
- BMI percentile plotted on an age-growth chart.

ICD-10 Codes used to identify Services:	
Z68.51	Pediatric BMI <5th percentile for age
Z68.52	Pediatric BMI 5th percentile to <85th percentile for age
Z68.53	Pediatric BMI 8th percentile to <95th percentile
Z68.54	Pediatric BMI ≥95th percentile for age
Z68.1	Adult BMI of 19 or less
Z68.20-Z68.29	Adult (21 years and older)
Z68.51-Z68.54 ages 2-20 years	Pediatric (ages 2-20 years)
Z68.30-Z68.39	Adult BMI between 30-39
Z68.41-Z68.45	Adult BMI of 40 or over

Helpful Tips:

- Make BMI assessment part of the vital sign assessment at each visit.

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- Ensure proper documentation for BMI in the medical record with all components: date, weight, height, and BMI value. Provider signature must be on the same page.
- If using EMR, update the EMR templates to automatically calculate a BMI.
- Encourage your staff to use tools within the office to promote teaching on ideal BMI and chronic disease conditions related to obesity or being overweight. Tools include BMI wheels, handheld cards, charts, and educational brochures.
- Use posters and postcards in each exam room to help facilitate discussion on a healthy weight.
- Document all discussions on weight loss and BMI.
- Calculate the BMI here if not on an EMR. **http://www.cdc.gov/healthyweight/assessing/bmi/**
- ICD-10 Z68 codes can be used to facilitate member compliance without chart review.
- Use **www.ama-assn.org** to enhance knowledge and prevention of acute and chronic obesity for staff to promote healthy living.

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Antidepressant Medication Management (AMM)

Measure Description:

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported.

1. *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
2. *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Codes used to identify Services:	
Major Depressive Disorder	F32.0-F32.4, F33.0-F33.3, F33.41, F33.9

Antidepressant Medications with National Drug Codes

Description	Prescription		
Miscellaneous antidepressants	• Bupropion: 0185-0410	• Vilazodone:0456-1110	• Vortioxetine:55154-0256
Monoamine oxidase inhibitors	• Isocarboxazid:30698-032 • Phenelzine:40032-360	• Selegiline:1657-1659 • Tranylcypromine:0591-5590	
Phenylpiperazine antidepressants	• Nefazodone:0093-1024	• Trazodone:0555-0733	
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide:0378-0211 • Amitriptyline-perphenazine:0378-0042		• Fluoxetine-olanzapine:0002-3230
SNRI antidepressants	• Desvenlafaxine:0008-1210 • Duloxetine:47335-616	• Levomilnacipran:0456-2202 • Venlafaxine:0008-0833	
SSRI antidepressants	• Citalopram:0121-0848	• Fluoxetine:0777-3105- • Fluvoxamine:0228-2824	• Paroxetine:0777-3105

	• Escitalopram:0093-5850		• Sertraline:0049-0050
Tetracyclic antidepressants	• Maprotiline:0378-0060	• Mirtazapine:0052-0105	
Tricyclic antidepressants	• Amitriptyline:0378-2610 • Amoxapine: 0591-5713 • Clomipramine:0378-3025	• Desipramine:0781-8218 • Doxepin (>6 mg)0228-3315 • Imipramine:0054-0273	• Nortriptyline:0093-0810 • Protriptyline:0054-0210 • Trimipramine51991-944:

Helpful Tips:

- Explain what they can expect when starting the medication and how long it may take before they feel the effect.
- Stress the importance of staying on the medication. Patients should call if they are having problems with the medication and never stop the medication without consulting the provider.
- Schedule follow-up visits before patient leaves office and stress the need for follow-up visits.

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Asthma Medication Ratio (AMR)

Measure Description:

The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

ICD 10 Codes:	
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with acute exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma with exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other Asthma

AMR Exclusion Pediatric Description

ICD 10 Code:	
E84.9	Cystic fibrosis, unspecified
J68.4	Reactive Airways Disease (Chronic respiratory conditions due to chemicals, gases, fumes and vapors)
E84.0	Cystic fibrosis with pulmonary manifestations

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Asthma Medication Ratio

AMR

AMR Exclusion Adult Description

- Ensure proper coding to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms were present
- Educate patients on use of asthma medications and importance of using asthma controller medications daily.
- Prescribe a long-term controller medication and provide reminders to your patients to fill controller medications.
- Refer patients for health management interventions and coaching by contacting chronic disease management and/or health education at Kern Health Systems.
- When a refill request for Albuterol comes from a Pharmacy, add a chart reviewed refill of a maintainance inhaler if refill is also needed,

Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antiasthmatic combinations	• Dyphylline-guaifenesin	Dyphylline Guaifenesin Medications List	Oral
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Subcutaneous
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Subcutaneous
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Subcutaneous
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Intravenous
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation

Description	Prescriptions	Medication Lists	Route
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

Asthma Reliever Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

** Disclosure – Not all medications on the list are on KHS formulary*

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Breast Cancer Screening (BCS)

Measure Description:

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

CPT Codes:	
Mammogram	76706, 77065, 77066, 77067

Exclusion CPT Codes:	
Z90.11	Acquired absence of right breast and nipple
Z90.12	Acquired absence of left breast and nipple
Z90.13	Acquired absence of bilateral breasts and nipples

Helpful Tips:

- Educate female patients about the importance of early detection and encourage testing.
- Use needed services list to identify patients in need of mammograms in Provider Portal.
- Document a bilateral mastectomy in the medical record.
- Be sure to offer Mammogram for your high-risk patients below age 50.
- Have a list of mammogram facilities available to share with the patient.
- Add posters and educational materials too waiting rooms and exam rooms to encourage conversation.
- Motivate office staff to use tools within offices to promote awareness of Breast Cancer Screening, such as member hand reminder cards, chart or EMR Flags and education.

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Comprehensive Blood Pressure (CBP)

Measure Description:

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140 and <90 mm Hg) during the measurement year.

Codes: 110 for Hypertension

CPT II Codes:		
Systolic: < 140 mm Hg	**3074F** Less than 130	**307F** 130-139
Diastolic: < 90 mm Hg	3**078F** Less than 80	**3079F** 80-89

Helpful Tips:

- Calibrate the sphygmomanometer annually.
- Upgrade to an automated blood pressure machine.
- Select appropriately sized BP cuff.
- Retake the BP if it is high at the office visit (140/90 mm Hg or greater). You may use the lowest systolic and lowest diastolic readings on the same day and oftentimes the second reading is lower.
- Do not round BP values up or down. If using an automated machine, record exact values.
- Schedule telehealth appointments to follow-up with patients and acquire controlled blood pressure readings. However, the member should come in periodically based on clinical findings for controlled blood pressure.
- Review hypertensive medication history, patient compliance, and consider modifying treatments plans for uncontrolled blood pressure, as needed.

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Cervical Cancer Screening (CCS)

Measure Description:

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

Women 21–64 years of age who had cervical cytology (Pap smear) performed within the last 3 years.

Women 30–64 years of age who had high-risk human papillomavirus (hrHPV) testing within the last 5 years.

CPT Codes:	
88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175	Pap Test

ICD 10 Code:	
Z12.4	Encounter for screening for malignant neoplasm of cervix

Helpful Tips:

- Use a reminder/recall system for member outreach when testing is due.
- Documentation of hysterectomy alone does not meet criteria. There is not sufficient evidence that the cervix was removed.
- Request to have results of pap tests sent to you if done at OB/GYN visits and document those results in their medical record.
- Document in the medical record if the patient has had a hysterectomy with no residual cervix.
- To avoid missed opportunities, consider completing pap tests during regularly scheduled well woman visits, sick visits, urine pregnancy tests, UTI, and chlamydia/STI screening.

Exclusion:

- Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix. Use ‘total,’ ‘complete,’ or ‘radical’ when documenting in medical record.
- Members receiving Hospice services.

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Contraceptive Care-All Women: Long Acting Reversible Contraception (CCW-LARC)

Measure description:

Among women ages 15 to 44 who had a live birth, the percentage that:

1. Were provided a most or moderately effective method of contraception within 3 days or within 60 days of delivery.
2. Were provided a long-acting reversible method of contraception (LARC) within 3 days and 60 days of delivery.

The measure is captured through administrative data: Claims, Services Codes and Pharmacy Data. Contraceptive surveillance codes can be used to document repeat prescriptions, contraceptive maintenance, or routine checking of a contraceptive device or system. Surveillance codes cannot be used for the initial prescription.

The first reported result is used to monitor the provision of contraception in the immediate postpartum period of 3 days, while the second contraceptive rate within 60 days of delivery is used to monitor the provision of contraception throughout the postpartum period.

Definitions:

Provision of a most effective method of contraception	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
Provision of a moderately effective method of contraception	Provision of injectables, oral pills, patch, ring, or diaphragm.
Provision of a long-acting reversible method of contraception (LARC)	Provision of contraceptive implants, intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2019.

Eligible Population:

Age	Women ages 21 to 44 as of December 31 of the measurement year who had a live birth.
Continuous enrollment	Within the measurement year, women enrolled from the date of delivery to 60 days postpartum.
Allowable gap	No allowable gap during the continuous enrollment period.

Anchor date	Date of delivery.
Benefit	Medical or Family Planning Only Services.

CPT Codes:	
59812	Dilitation and Curettage, any trimester
59820	Dilitation and Curettage, 1st trimester
59821	Dilitation and Curettage, ultrasound-guided
59830	Treatment of septic abortion
59840	Induced Termination
11981 LARC	Insertion of single non-biodegradable implant
11983 LARC	Removal of single non-biodegradable implant
58300 LARC	Removal of intrauterine device
58301 LARC	Re-insertion of intrauterine device
58542	Total Laparoscopic Hysterectomy
58543	Detachment of uterus from cervix, without tubes and/or ovaries
58544	Laparoscopic detachment of uterus and surrounding tissue without cervix

ICD 10 Codes:	
10D00Z0	Cesarean delivery with live birth, high, open approach
10D00Z1	Cesarean delivery with live birth, low, open approach
10D00Z2	Cesarean delivery with extraperitoneal, open approach
10D07Z3	Forceps, Via Natural or Artificial Opening
10D07Z4	Mid forceps, Via Natural or Artificial Opening
O14.23	HELLP Syndome, third trimester
O14.90	Postpartum with pre-eclamsia, unspecified trimester

O14.92	Pregnancy with pre-eclampsia, in second trimester
O14.93	Pregnancy with pre-eclampsia, in third trimester
O15.00	Eclampsia in any trimester

HCP Codes:	
J7296	LARC (Kyleena)
J7297	LARC(Quetiapine Fumarate)

Helpful Tips:

- Unintended pregnancy remains a significant issue in the United States. LARC can significantly decrease unintended pregnancy and lengthen interpregnancy intervals.
- While patient is still under care, placement can be convenient for both member and doctor.
- LARC is still cost-effective despite higher IUD expulsion rates.
- Women using LARC report higher satisfaction and continuation rates as compared to oral contraceptive pill users.
- Barriers to receiving LARC, such as inability to pay, clinicians or clinics not offering LARC or need for a repeat visit.
- Have MAs, health educators, care coordinators or other staff identify patients due for IUD check or birth control during chart check and share during huddles.
- Have a ‘pap cart’ stored in each exam room. Keep stocked with products for IUD Insertion and Pap smear materials. Keep carts stocked in identical way so materials will be easy to grab. Create a ‘second to last one’ protocol. Create regular restocking protocol.

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Contraceptive Care-All Women: Most or Moderately Effective Contraception (CCW-MMEC)

Measure Description:

Amount women ages 15 to 44 who had a live birth, the percentage that:

1. Were provided a most or moderately effective method of contraception within 3 days or within 60 days of delivery.
2. Were provided a long-acting reversible method of contraception (LARC) within 3 days and 60 days of delivery.

The measure is captured through administrative data: Claims, Services Codes and Pharmacy Data. Contraceptive surveillance codes can be used to document repeat prescriptions, contraceptive maintenance, or routine checking of a contraceptive device or system. Surveillance codes cannot be used for the initial prescription.

Definitions:

Provision of a most effective method of contraception	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
Provision of a moderately effective method of contraception	Provision of injectables, oral pills, patch, ring, or diaphragm.
Provision of a long-acting reversible method of contraception (LARC)	Provision of contraceptive implants, intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2019.

Eligible Population:

Age	Women ages 21 to 44 as of December 31 of the measurement year who had a live birth.
Continuous enrollment	Within the measurement year, women enrolled from the date of delivery to 60 days postpartum.
Allowable gap	No allowable gap during the continuous enrollment period.
Anchor date	Date of delivery.
Benefit	Medical or Family Planning Only Services.

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CPT Codes:	
59812	Dilitation and Curettage, any Trimester
59820	Dilitation and Curettage, First Trimester
59821	Dilitation and Curettage, ultrasound-guided
59830	Treatment of septic abortion
59840	Induced termination
11981	Insetion of single non-biodegradable implant
11983	Removal of single non-biodegradable implant
58300	Removal of intrauterine device
58541	Re-insertion of intrauterine device
58542	Total Laparoscopic Hysterectomy
58543	Detachment of uterus from cervix without tubes and/or ovaries.
58544	Laparoscopic detachment of uterus and sourrounding tissues without cervix
ICD 10 Codes:	
10D00Z0	Cesarean delivery with live birth, high, open approach
10D00Z1	Cesarean delivery with live birth, low, open approach
10D00Z2	Cesarean delivery with live birth with extraperitoneal, open approach
10D07Z3	Use of forceps, via natural or artificial opening
10D07Z4	Use of mid forceps, via natural or aftificial opening
O14.23	HELLP Syndrome, third trimester
O14.90	Postpartum with Pre-eclampsia, unspecified trimester
O14.92	Preganancy with Pre-eclampsia, second trimester
O14.93	Pregnancy with Pre-eclampsia, third trimester
O15.00	Eclampsia in any trimester

HCP Codes:	
J7296	LARC (Kyleena)
J7297	LARC (Quetiapine Fumarate)

Helpful Tips:

- Unintended pregnancy remains a significant issue in the United States. LARC can significantly decrease unintended pregnancy and lengthen interpregnancy intervals.
- While patient is still under care, placement can be convenient for both member and doctor.
- LARC is still cost-effective despite higher IUD expulsion rates.
- Women using LARC report higher satisfaction and continuation rates as compared to oral contraceptive pill users.
- Barriers to receiving LARC, such as inability to pay, clinicians or clinics not offering LARC or need for a repeat visit.
- Have MAs, health educators, care coordinators or other staff identify patients due for IUD check or birth control during chart check and share during huddles.
- Have a ‘pap cart’ stored in each exam room. Keep stocked with products for IUD Insertion and Pap smear materials. Keep carts stocked in identical way so materials will be easy to grab. Create a ‘second to last one’ protocol. Create regular restocking protocol.

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Contraceptive Care-Postpartum Women: LARC-3 Days Contraceptive Care-Postpartum Women: LARC-60 Days (CCP-LARC 3 and 60)

Measure Description:

Among women ages 15 to 44 who had a live birth, the percentage that:

1. Were provided a most or moderately effective method of contraception within 3 days or within 60 days of delivery.
2. Were provided a long-acting reversible method of contraception (LARC) within 3 days or within 60 days of delivery.

The measure is captured through administrative data: Claims, Services Codes and Pharmacy Data. Contraceptive surveillance codes can be used to document repeat prescriptions, contraceptive maintenance, or routine checking of a contraceptive device or system. Surveillance codes cannot be used for the initial prescription.

The first reported result is used to monitor the provision of contraception in the immediate postpartum period of 3 days, while the second contraceptive rate within 60 days of delivery is used to monitor the provision of contraception throughout the postpartum period.

Definitions:

Provision of a most effective method of contraception	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
Provision of a moderately effective method of contraception	Provision of injectables, oral pills, patch, ring, or diaphragm.
Provision of a long-acting reversible method of contraception (LARC)	Provision of contraceptive implants, intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2020.

Eligible Population:

Age	Women ages 21 to 44 as of December 31 of the measurement year who had a live birth.
Continuous enrollment	Within the measurement year, women enrolled from the date of delivery to 60 days postpartum.
Allowable gap	No allowable gap during the continuous enrollment period.
Anchor date	Date of delivery.
Benefit	Medical or Family Planning Only Services.

CPT Codes:	
59812	Dilitation and Curettage, any trimester

ICD10 Codes:	
10D00Z0	Cesarean delivery with live birth, high, open approach
10D00Z1	Cesarean delivery with live birth, low, open approach
10D00Z2	Cesarean delivery with extraperitoneal, open approach
10D07Z3	Forceps, Via Natural or Artificial Opening
10D07Z4	Mid Forceps, Via Natural or Artificial Opening
Z37.7	Stillborn, multiple, with induced termination
Z37.1	Stillborn, single, with induced termination
Z33.2	Encounter for elective termination
Z37.4	Stillborn, twins, with induced termination
0UL74CZ	Occlusion of bilateral fallopian tubes, extra luminal device
0UL74DZ	Occlusion of bilateral fallopian tubes, percutaneous endoscopic approach
0UL74ZZ	Occlusion ofbilateral fallopian tubes, open approach

HPC Codes:	
S4981	Insertion of Levonorgestrel-releasing intrauterine system

S4989	Contraception IUD
J7301	Oral levonorgestrel, low dose
J7302	Oral levonorgestrel, high dose
J7298	Oval levonorgestrel, high dose

NDC Codes:	
52544003554	Mirena
50419042471	Kyleena

Helpful Tips:

- Unintended pregnancy remains a significant issue in the United States. LARC can significantly decrease unintended pregnancy and lengthen interpregnancy intervals.
- While patient is still under care, placement can be convenient for both member and doctor.
- LARC is still cost-effective despite higher IUD expulsion rates.
- Women using LARC report higher satisfaction and continuation rates as compared to oral contraceptive pill users.
- Barriers to receiving LARC, such as inability to pay, clinicians or clinics not offering LARC or need for a repeat visit.
- Have MAs, health educators, care coordinators or other staff identify patients due for IUD check or birth control during chart check and share during huddles.
- Have a ‘pap cart’ stored in each exam room. Keep stocked with products for IUD Insertion and Pap smear materials. Keep carts stocked in identical way so materials will be easy to grab. Create a ‘second to last one’ protocol. Create regular restocking protocol.

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Contraceptive Care-Postpartum Women: Most or Moderately Effective Contraception-3 Days and 60 Days (CCP-MMEC 3 and 60)

Measure Description:

Amount women ages 15 to 44 who had a live birth, the percentage that:

1. Were provided a most or moderately effective method of contraception within 3 days or within 60 days of delivery.
2. Were provided a long-acting reversible method of contraception (LARC) within 3 days or within 60 days of delivery.

The measure is captured through administrative data: Claims, Services Codes and Pharmacy Data. Contraceptive surveillance codes can be used to document repeat prescriptions, contraceptive maintenance, or routine checking of a contraceptive device or system. Surveillance codes cannot be used for the initial prescription.

The first reported result is used to monitor the provision of contraception in the immediate postpartum period of 3 days, while the second contraceptive rate within 60 days of delivery is used to monitor the provision of contraception throughout the postpartum period.

Definitions:

Provision of a most effective method of contraception	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
Provision of a moderately effective method of contraception	Provision of injectables, oral pills, patch, ring, or diaphragm.
Provision of a long-acting reversible method of contraception (LARC)	Provision of contraceptive implants, intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2019.

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Eligible Population:

Age	Women ages 21 to 44 as of December 31 of the measurement year who had a live birth.
Continuous enrollment	Within the measurement year, women enrolled from the date of delivery to 60 days postpartum.
Allowable gap	No allowable gap during the continuous enrollment period.
Anchor date	Date of delivery.
Benefit	Medical or Family Planning Only Services.

CPT Codes:	
59812	Dilation and Curettage, any trimester

ICD10 Codes:	
10D00Z0	Cesarean Delivery with live birth, high, open approach
10D00Z1	Cesarean Dilivery with live birth, low, open approach
10D00Z2	Cesarean Delivery with live birth, extraperitoneal, open approach
10D07Z3	Delivery with forceps, via natural or artificial opening
10D07Z4	Delivery with mid forceps, via natural or artificial opening
Z37.7	Stillborn, multiple, with induced termination
Z37.1	Stillborn, single with induced termination
Z33.2	Encounter with elective termination
Z37.4	Stillborn, twins with induced termination
0UL74CZ	Occlusion of bilateral fallopian tubes, extra luminal device
0UL74DZ	Occlusion of bilateral fallopian tubes, percutaneous endoscopic approach
0UL74ZZ	Occlusion of bilateral fallopian tubes, open appraoch

HPC Codes:	
S4981	Insertion of levonorgestrel-releasing intrauterine device
S4989	Contraception IUD

J7301	Oral levonorgestrel, low dose
J7302	Oral levonorgestrel, high dose
J7298	Oral levonorgestrel, high dose

NDC Codes:	
52544003554	Mirena
50419042471	Kyleena

Helpful Tips:

- Unintended pregnancy remains a significant issue in the United States. LARC can significantly decrease unintended pregnancy and lengthen interpregnancy intervals.
- While patient is still under care, placement can be convenient for both member and doctor.
- LARC is still cost-effective despite higher IUD expulsion rates.
- Women using LARC report higher satisfaction and continuation rates as compared to oral contraceptive pill users.
- Barriers to receiving LARC, such as inability to pay, clinicians or clinics not offering LARC or need for a repeat visit.
- Have MAs, health educators, care coordinators or other staff identify patients due for IUD check or birth control during chart check and share during huddles.
- Have a ‘pap cart’ stored in each exam room. Keep stocked with products for IUD Insertion and Pap smear materials. Keep carts stocked in identical way so materials will be easy to grab. Create a ‘second to last one’ protocol. Create regular restocking protocol.

KERN HEALTH SYSTEMS

Comprehensive Diabetes Care (CDC)

Measure Description:

The percentage of members 18–75 years of age with diagnosis of Diabetes Mellites (Type 1 and Type 2) who had the following lab test during the measurement year:

- Hemoglobin A1c (HbA1c) testing.
- The date and value of the HbA1c test must be documented in the chart
- Control of Diabetes is a value of less than 7.
- Must have a documented diagnosis of diabetes.

CPT Codes	
HbA1c Testing	83036, 83037

Value Codes	
HbA1c Level 7.0-<8.0	3051F
HbA1c Level >9.0	3046F
HbA1c Level < 7.0	3044F
HbA1c Level 8.0 - <9.0	3052F

Type I and Type II	
Type I	
E10.1	Type I diabetes mellitus with ketoacidosis
E10.4	Type I diabetes mellitus with neurological complications.
E10.65	Type I diabetes mellitus with hyperglycemia
E10.8	Type I diabetes mellitus with unspecified complications
E10.9	Type I diabetes mellitus without complication
Type II	
E11.00	Type II diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma
E11.4	Type II diabetes mellitus with neurological complications
E11.8	Type II diabetes mellitus with unspecified complications
E11.9	Type II diabetes mellitus without complications

KERN HEALTH SYSTEMS

Helpful Tips:

- Review diabetes services needed at each office visit, ensuring that at least one HbA1c is performed every three months for uncontrolled diabetes, while twice a year is recommended for Controlled Diabetes.
- Order labs prior to patient appointments.
- Bill for point of care testing if completed in office and ensure HbA1c results and date are documented in the chart.
- Adjust medication treatment to improve HbA1c and BP levels; follow-up with patients to monitor changes.
- Refer patients for health management interventions and coaching by contacting Health Care Services at your affiliated Kern Family Health Care plan.

KERN HEALTH SYSTEMS

Screening for Depression and Follow-Up Plan (CDF)

Measure Description:

Percentage of beneficiaries ages 12 and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Useful Information for Measure: This measure is captured through administrative data.

Follow-Up Proposed plan of care to be conducted as a result of a positive depression screening:

- Additional evaluation for depression
- Suicide risk assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Follow-up for the diagnosis or treatment of depression

Exclusions: Those members with an existing diagnosis of Depression or Bipolar Disorder

Exclusion ICD10 Diagnosis Codes for Depression and Bipolar Disorder:	
F01.51	Vascular dementia with behavioural disturbance
F31.10	Bipolar disorder without psychotic features
F31.11	Bipolar manic without psychotic features
F31.12	Bipolar with manic current episode, moderate
G9717	Acive depression with bipolar disorder, follow up not required

CPT Codes:	
59400	Routine obstetric care with vaginal delivery
59510	Routine obstetric care with cesarean delivery
59610	Routine obstectric care with cesarean delivery after hx of cesarean delivery
59618	Delivered cesarean after attempted vaginal delivery with a hx of cesarean delivery

90791	Integrated biopsychosocial assessment with history, status, recommendations.

HPC Codes:	
G8433	No depression screening with documented reason
G8431	Screening is positive and F/U Plan is documented
G8510	Screening is negative, no F/U is needed.

Helpful Tips:

- Scheduling and attending follow up appointments to review effectiveness of treatment.
- Be sure member is compliant with long-term medication.
- Do not abruptly stop medication without consulting you
- Encourage member to call your office if they cannot get their medication filled.
- Ask to be contacted immediately if they experience unwanted/adverse reactions so that treatment can be re-evaluated.
- Discuss benefits of member with participating in a Behavioral Health Case Management Program.

KERN HEALTH SYSTEMS

Chlamydia Screening in Women (CHL)

Measure Description:

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Measure is Administrative: Must Code properly to achieve compliant status.

CPT Codes:	
86631-86632	Qualitative or Semi quantitative Immunoassays
87110, 87270, 87320, 87490, 87491,87810	Chlamydia Test

Exclusion CPT Codes:	
81025, 84702, 84703	81025, 84702, 84703 Pregnancy Test

Helpful Tips:

- Share with members that Chlamydia can lead to infertility if left undiagnosed or untreated.
- Perform chlamydia screening every year on every 16 to 24 years old females identified as sexually active (use any visit opportunity).
- Add chlamydia screening as a standard lab for women 16 to 24 years old. Use well-child exams and well women exams for this purpose.
- Reinforce confidentially within limits. When speak with adolescents, try to complete a sexual history.
- Remember that chlamydia screening can be performed through a urine test. Offer this as an option for your patients.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Develop or implement standing orders for Mid-Level Providers to screen for STIs.

Exclusions:

Medical Record must include the following to **exclude:**

- A pregnancy test during the measurement year and a prescription for **isotretinoin** on the date of the pregnancy test or the six days after the pregnancy test.
- A pregnancy test during the measurement year and an **x-ray** on the date of the pregnancy test or the six days after the pregnancy test.

KERN HEALTH SYSTEMS

Concurrent Use of Opioids and Benzodiazepines (COB)

Measure Description:

The percentage of members 18 years of age and older with concurrent use of prescription opioids and benzodiazepines during the measurement year.

Useful Information for Measure: This measure is captured through administrative data.

Measure adapted from the Pharmacy Quality Alliance to evaluate performance in opioid prescribing and track improvements year to year.

- Two or more prescription claims for any benzodiazepine (Table COB-B) with different dates of service as well as concurrent use of opioids and benzodiazepines for 30 or more cumulative days.

Exclusions: Any members with a cancer diagnosis or who are receiving hospice services.

Exclusion POS Codes:	
34	Hospice Exclusion

List of Narcotic Medications with National Drug Codes:

Butorphanol	0409-1626
Codeine	0093-0050
Fentanyl	0406-9000
Dihydrocodeine	42195-840
Hydrocodone	0023-6002
Hydromorphone	0054-0264
Levorphanol	0406-2224
Meperidine	0054-3545
Methadone	0054-3556
Morphine	0054-3556
Opium	69152-1111
Oxycodone	0054-0390
Oxymorphone	0054-0283
Pentazocine	55700-2154
Tapentadol	24510-050

CURES/PDMP information can assist health practitioners identify, intervene, and deter abuse and diversion of Schedule II through IV controlled substances. Have your staff print the CURES Patient Activity Report (PAR) at the start of each day so you are prepared when visiting with patients. Registered prescribers and dispensers with 12-month Patient Activity Reports (PAR) enable prescribers to identify and prevent drug abuse through accurate and rapid tracking. Report gives name, DOB, address, pharmacy name and license number, Prescription fill dates, drug names, quantities, strength and number of refills.

- Continue opioid therapy if the patient experiences signification improvement in pain control and function that outweigh risks to patient safety. But be sure to wean member from use of benzodiazepines, and switch to a safer anxiolytic.
- Pharmacists are required to report dispensations of Schedules II through IV controlled substances at least weekly.
- Use short-acting opioid for initial pain therapy when indicated.
- Use the lowest effective dose of pain medication.

HCC Codes:	
15	Lung Carcinoma
17	Diabetes with Acute Complications
18	Diabetes with Chronic Complications
19	Diabetes without Complications

KERN HEALTH SYSTEMS

Human Immunodeficiency Virus (HIV) Viral Load Suppression (HVL)

Measure Description:

Percentage of beneficiaries age 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

Useful Information for Measure: This measure is captured through administrative data.

There are NO exclusions for this measure.

Per CMS, viral load suppression is directly related to reduction in disease progression and potential for transmission of infection. WHO studies show that when viral loads were below 200 copies/mL HIV positive individuals have achieved an undetectable viral load and cannot transmit HIV sexually to their partners.

Many people living with HIV/AIDS are failing to successfully navigate HIV treatment, with only an estimated 19% to 28% achieving the ultimate goal of viral suppression via antiretroviral therapy (ART). Sustained viral load suppression among HIV positive individuals is the cumulative effect of prescribed medication therapy, ongoing monitoring, and patient adherence to these.

Most used Codes:

LNC Codes:	
20447-9	HIV -1RNA Viral Load
21333-0	HIV 1-1RNA Viral Load
23876-6	HIV 1 and 2 testing
41515-8	HIV 1 RNA in Serum
48511-0	HIV 1 1RNA, +2 in Serum

SMD Codes:	
40780007	Symptomatic HIV Infection
230180003	HIV Leukoencephalopathy
230201009	HIV myelitis

230598008	Neuropathy caused by HIV
235009000	HIV Pneumocystis
207195004	Comprehensive Visit at Nursing Home
18170008	Subsequent visit at Nursing home
185349003	Follow up visit, E/M
185463005	Weekend visit at nursing facility
185465003	Weekend visit at nursing facility

Helpful Tips:

- Most people will achieve an undetectable viral load within 6 months of starting anti-retroviral therapy (ART). Most viral counts will become undetectable very quickly, but it could take more time for a small portion of people just starting ART.
- Adherence to daily treatment: Taking HIV medicine as prescribed is the best way to achieve and maintain an undetectable viral load. Poor adherence, such as missing multiple doses in a month, could increase a person's viral load and their risk for transmitting HIV.
- Knowledge of viral load: Regular viral load testing is critical to confirm that an individual has achieved and is maintaining an undetectable viral load. Data shows a discordance between some people's self-report of their viral load status and laboratory measurements, suggesting that people may not know or be able to accurately report their viral load level. IE: Just because someone was virally suppressed in the past does not guarantee they are still virally suppressed.
- If a member stops taking his/her HIV medication, their viral load will increase, in some cases within a few days, and eventually return to around the same level it was before starting their HIV medicine. People who have stopped taking their HIV medicine should talk to their health care provider as soon as possible about their own health and use other strategies to prevent sexual HIV transmission.
- Protection against other STIs: Taking HIV medicine and achieving and maintaining an undetectable viral load does not protect either partner from getting other sexually transmitted infections (STI). Lack of knowledge/awareness about the benefits of viral suppression: Knowledge of the prevention benefits of viral suppression may help motivate people with HIV and their partners to adopt this strategy. Recent studies have shown that a significant proportion of people do not know or believe that viral suppression works for prevention.

KERN HEALTH SYSTEMS

Use of Opioids at High Dosage in Persons without Cancer (OHD)

Measure description:

The percentage of Member age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more.

Useful information for measure: This measure is captured through administrative data.

Measure was added in 2018 to address 2 gap measures of early opioid use and polypharmacy. Concurrent use of opioids and benzodiazepines is linked to an increased risk of morbidity and mortality.

Exclusions: Any beneficiary with an ICD-10-CM diagnosis code for cancer, including primary diagnosis or any other diagnosis fields, any time during the measurement year.

NDC Codes:	
23600201	Norco, oral
23601460	Kaiden, oral
23601560	Morphine Sulfate, capsule EX
23601960	Morphine Sulfate, capsule
23602101	Morphine Sulfate, tablet

POS Codes:	
34	HOSPICE POS

KERN HEALTH SYSTEMS

Prenatal & Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)

Measure Description:

Prenatal care visit in the first trimester to an Ob/Gyn or PCP. For visit to a PCP, a diagnosis of pregnancy must be present.

ICD 10 Codes:	
Z34.01 with modifier ZL	Encounter for supervision of normal first pregnancy, first trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.81	Encounter for supervisions of other normal pregnancy, first trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester

Helpful Tips:

- Educate staff to schedule first prenatal visit within NCQA guideline of:
  - The first trimester of 1 to 12 weeks,
  - On or before enrollment start date,
  - Within 42 days or 6 weeks of enrollment in the KHS health plan.
- Please call your Provider Representative about KHS's Perinatal Engagement Program, an incentive program designed to encourage members to attend Prenatal and Postpartum care.
- Educate members on how important prenatal care is to healthy development and maternal health screening

KERN HEALTH SYSTEMS

Prenatal & Postpartum Care: Post-Partum Care (PPC-Post)

Measure Description:

The percentage of deliveries that had a postpartum visit on or between 1 and 12 weeks after delivery (7 to 84 days). Pregnancies fall on or between October 8 of the year prior to the measurement year to October 7 of the measurement year.

CPT Codes:	
59425, 59400, 59510	Vaginal Delivery
59515	Cesarean Delivery

ICD 10 Codes:	
Z39.2	Encounter for routine postpartum follow-up
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z38.00	Single live born infant, delivered vaginally
Z38.01	Single live born infant, delivered by cesarean
Z39.1	Encounter for care and examination of lactating mother

Helpful Tips:

- Educate staff to schedule visits within the guideline time frames.
- Educate members on how important prenatal care is to healthy development and maternal health screening.
- Encourage postpartum visits between seven days (1 week) to 84 days (12 Weeks) after delivery for follow-up care.
  Schedule follow-up visit for C-section patients before they are discharged home from hospital

KERN HEALTH SYSTEMS

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)

Measure Description:

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Exclusions: Any member with diabetes

CPT Codes:	
83036, 83037	HbA1c Testing
80047, 80048	Glucose Test

Diagnosis Codes:	
F20.0-F20.9 F25.0-F25.9	Schizophrenia Disorder Schizoaffective Disorder
F31.10-F31.13	Bipolar Disorder

Helpful Tips:

- Order a diabetes screening test every year and check every visit to ensure that it has been completed. Reorder if not completed.
- Educate patients about the importance of the test.
- As a preventative measure, screen patients for diabetes at least annually (Glucose Test or HbA1c) and document the results.
- Set care gap alerts/flags in your EMR (if available) or develop a tracking method for patients due or past due for lab work.
- Communicate and coordinate care between primary care physicians (PCPs) and behavioral health specialists by requesting test results and/or communicating test results.
- To increase compliance, consider using standing orders for routine screening lab tests.
- Educate patients and their caregivers on the importance of completing annual visits and blood work.

- Educate patients and their caregivers that there is a correlation between elevated blood sugars and weight gain when using anti-psychotic medications; this is especially prevalent in patients with Schizophrenia and/or Bipolar Disorder.
- Educate patients and their caregivers about increased risk of diabetes with antipsychotic mediations, importance of screening for diabetes, and symptoms of new-onset diabetes.
- Encourage staff to reach out to patients who cancel appointments and assist them with rescheduling as soon as possible.
- Follow-up with patients to discuss and educate on lab results.

KERN HEALTH SYSTEMS

Follow Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase and Initiation Phase (ADD-C&M) (ADD-Init)

Measure Description:

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

1. *Initiation Phase.* The percentage of members 6–12 years of age with prescription dispensed for ADHD medication, who had one follow-up visit during the 30-day (1 month) Initiation Phase.
2. *Continuation and Maintenance (C&M) Phase.* The percentage of members 6–12 years of age with prescription dispensed for ADHD medication, who remained on the medication for at least 210 days (7 months) and who, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Useful Information for Measure: This measure is captured through administrative data:

- Claims
- Codes
- Medication Dispensed

The 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of February 1of the measurement year. (March 1, 2019 to February 28, 2020)

Initiation Phase	The 30 days following the prescription start date.
C&M Phase	The 300 days (10 months) following the prescription start date.

Codes:	
99078	Group visit
99341-99345	Home visit Tele Health no
99201-99205	Various one on one E/M visits, based on severity

99211-99215	Various one on one E/M visits, based on severity
99241-99245	Outpatient consultation services
98961-98962	Education and training by non-physician health care professionals using Standard curriculum for patient self-management
99441-99443	Telephone, not face to face, Medicare,

Helpful Tips:

- No refills until the initial follow-up visit is complete.
- Exclude patients with diagnosis of Narcolepsy.
- Appointments cannot be telehealth visits.
- Be sure to include the diagnosis for ADHD in billing.
- Conduct initial follow-up visit 2-3 weeks after member starts medication therapy.
- Member needs 2 additional visits within 9 months of starting medication. Schedule these appointments at end of initial visit.
- If member cancels, reschedule appointment right away.
- Education out in our quarterly KHS' public Newsletter.
- Other resources:
    - www.healthychildren.org
    - www.brightfutures.org
    - www.chadd.org

KERN HEALTH SYSTEMS

Adolescent Well-Care Visits (AWC)

Measure Description:

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

CPT Codes	
99384	Initial comprehensive preventive medicine evaluation (age 12-17 years)
99385	Initial comprehensive prevention medicine evaluation (age 18-39 years)
99394	Periodic comprehensive preventive medicine re-evaluation (age 12-17 years)
99395	Periodic comprehensive preventive medicine re-evaluation (age 18-39 years)

ICD-10 Codes ‘	
Z00.01	Encounter for general adult medical examination with abnormal findings
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z02.0 - Z02.6	Encounter for examination

Can use Modifier 25 on a sick visit to capture the Well Child Visit

Helpful Tips:

- In your practice, institute a ‘Well Adolescent Visit’ like a ‘Well Woman Visit,’ to include standing orders for sexual assessment, STI check, Depression Screening (PHQ-A), risk reduction for tobacco, substance abuse, lack of education and violence.
- Be sure you have discussed and documented anticipatory guidance and health education for high risk behaviors such as drug use and alcohol use.
- For immunizations, schedule the second visit for HPV at end of the first HPV appointment.
- Use gap lists to help manage your total population. Make outreach calls and/or send letters to advise members/parents or guardians of the need for a well child visit.
- Avoid missed opportunities by taking advantage of every office visit, including sick visits and sports physicals, to provide well care components when applicable.
- Actively pursue missed appointments with letters and reminder calls.
- Set up EMR alerts to:
    - Flag patients due for a well child visit either in practice management when scheduling or within the EMR during the visit.
    - Trigger staff to make reminder phone calls.

- Starting at age 15, begin testing for Chlamydia, Gonorrhea and Syphilis for both male and female members.
- Turn sports/daycare physicals into well-care visits by performing the required services and submitting the appropriate Modifier 25 code.
- Give PHQ-A, along with Staying Healthy Assessment at intake. Use these forms as a starting point to discussion of high-risk behaviors, e.g. sexual activity, substance abuse.
- Schedule well visits during the spring and summer. This allows you to beat the “back to school” rush and gives cushion in case the appointment needs to be rescheduled.

KERN HEALTH SYSTEMS

Metabolic Monitoring for Children and Adolescents (APM)

Measure Description:

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Measure is Administrative:

To be compliant must have codes for:

- At least one test for blood glucose or HbA1c during the measurement year.
- At least one test for LDL-C or cholesterol during the measurement year.

CPT Codes:	
83036, 83037	HbA1c Test
80047, 80048	Glucose Test
80061, 83700	LDL-C Test

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol	• Iloperidone • Loxapine • Lurisadone • Molindone • Olanzapine • Paliperidone	• Pimozide • Quetiapine • Quetiapine fumarate • Risperidone • Ziprasidone
Phenothiazine antipsychotics	• Chlorpromazine • Fluphenazine • Perphenazine	• Thioridazine • Trifluoperazine	
Thioxanthenes	• Thiothixene		

Long-acting injections	• Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate	• Olanzapine • Paliperidone palmitate • Risperidone

Antipsychotic Combination Medications

Description	Prescription	
Psychotherapeutic combinations	• Fluoxetine-olanzapine	• Perphenazine-amitriptyline

Prochlorperazine Medications

Description	Prescription
Phenothiazine antipsychotics	• Prochlorperazine

Helpful Tips:

- Antipsychotic medications in children can increase poor cardiometabolic outcomes in adulthood. Routinely refer members to these HbA1c and LDL-C.
- Follow up with patient's parents to discuss and educate on lab results.
- Coordinate care with the patient's behavioral health specialists.
- Utilize NCQA coding tips to actively reflect care rendered. Routinely refer members on an antipsychotic medication out to have their blood glucose or HbA1c and LDL-C or cholesterol drawn at least annually

KERN HEALTH SYSTEMS

Childhood Immunization Status (CIS-Combo 10)

Measure Description:
The percentage of children 2 years of age who had all 24 immunizations by their second birthday. Note that each vaccine is measured separately for compliance.

Codes for Immunizations:

Vaccine	Dose	CPT Codes:
DTaP	4	90698, 90700, 90723
IPV	3	90698, 90713, 90723
MMR	1	90707, 90710
Hib	3	90644-90648, 90698, 90748
Hepatitis B	3	90723, 90740, 90744, 90747, 90748
VZV	1	90710, 90716
Hepatitis A	1	90633
PCV	4	90670
RV	2 or 3	90680 (3-doses), 90681 (2-doses)
Flu	2	90655, 90657, 90660, 90661, 90662, 90673, 90685, 90686, 90687, 90688

Can add Modifier 25 on a sick visit to capture the Well Child Visit

Helpful Tips:

- Avoid missed opportunity by taking advantage of every office visits, including sick visits and sports physicals.
- Use California immunization registry or CAIR 2.
- Review a child's immunization record before every visit and administer needed vaccines.
- Have providers recommend immunizations to parents. Parents/guardian are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations, e.g., MMR causes autism which is now completely disproven.
- Have a system for patient reminders.
- Make next immunization appointment before parent/guardian leaves after visit with child.
- Remind each parent/guardian to bring in yellow card when he/she is new to the office.

Exclusions:

- Any Vaccine: Anaphylactic reaction due to vaccination.
- MMR, VZV, Flu: watch for diseases of the Immune system, Cancer
- DTaP: Encephalopathy due to the vaccination
- MMR, VZV, Flu: HIV 1 and 2
- Rotavirus: Intussusception and Immunodeficiency

KERN HEALTH SYSTEMS

Developmental Screening in the First Three Years of Life (DEV)

Measure Description:

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Useful Information for Measure:

- Add to all claims the code 96110.
- CPT code 96110 represents 'Developmental testing, with interpretation and report.'
- Developmental Tools must screen for developmental, behavioral and social delays. Examples of tools that meet criteria are:
    - Ages and Stages Questionnaire (ASQ)
    - Ages and Stages Questionnaire-3rd Edition (ASQ-3)
    - Battelle Developmental Inventory Screening Tool (BDI-ST)
    - Brigance Screens-II
    - Child Developmental Inventory (CDI)
    - Infant Developmental Inventory
    - Parents Evaluation of Developmental Status (PEDS)
    - Parents Evaluation of Developmental Status-Developmental Milestones

These tools are examples cited in Bright Futures that have met the above criteria.

CPT Codes:	
96110	Numerator for the Developmental Screening:

Helpful Tips:

- Developmental Screening must include **both** physical and mental development**.** Below are examples.
    - Mental development:
        - Think, learn and solve problems,
        - Learn to count
        - Learn colors and names

        - Coos and babbles
    - Physical development:
        - Able to handle everyday tasks
        - Eating, dressing, bathing
        - Includes both gross and fine motor skills.
        - Sit, crawl stand, pull to standing, scoot
        - Scribble with large crayon
        - Pinch, poke, play
- Social Delays are documented as such:
    - Failure to respond to their name
    - Resistance to playing with others
    - Lack of facial expression
    - Inability to speak or difficulty speaking, carrying on a conversation, or remembering words or sentences.
    - Repetitive motions or coordination problems
- Behavioral Delays are documented as such:
    - Difficulty dealing with frustrations or coping with change.
    - Prolonged temper tantrums longer than normal
    - Takes longer than normal to calm down.
    - Trouble understanding social cues.
    - ADD-ADHD
    - Autism spectrum

Advise parents that developmental screening tools will not provide a diagnosis but can assist in determining if a child is developing according to standard developmental milestones.

KERN HEALTH SYSTEMS

Immunizations for Adolescents (IMA-Combo 2)

Measure Description:

The percentage of adolescents 13 years of age who had

- **one dose** of meningococcal vaccine (MCV),
- **one dose** Tetanus, Diphtheria Toxoids and Acellular pertussis (Tdap) vaccine,
- **two doses** of Human Papillomavirus (HPV) vaccine series by their 13th birthday.

The measure calculates a rate for each vaccine.

CPT Codes:	
Meningococcal	90734
TDaP	90715
HPV	90649, 90650, 90651

Can add Modifier 25 on a sick visit to capture the Well Child Visit

Helpful Tips:

- Use the CAIR immunization registry to avoid sending charts at HEDIS time.
- Keep Yellow Card (international certificate of vaccination (ICV)) up to date.
- For immunizations, schedule the second visit for HPV at end of the first HPV appointment.
- Have providers recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.
- Make every office visit count – take advantage of sick visits for catching up on needed vaccines.
- Devote time during each visit to review patient's immunization record and update, if needed.
- Administer the HPV vaccine at the same time as other vaccines. Inform parents that the full HPV vaccine series requires 1 more shot after 6 months of the first vaccine (146 days).
- Have printed materials and posters on HPV in exam room for education and discussion.

Exclusions:

- Any Vaccine where the member had an anaphylactic reaction.
- If the member developed encephalopathy due to the DTaP vaccination, it should be excluded.

KERN HEALTH SYSTEMS

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI, Physical Activity and Counseling for Nutrition (WCC)

Measure description:

the percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

- Height, weight, BMI percentile
- Counseling for nutrition, discussed and documented
- Counseling for physical activity, discussed and documented

ICD 10 Codes for BMI:	
Z68.51	Body mass index (BMI) pediatric, less than 5th percentile for age
Z68.52	Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age
Z68.53	Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age
Z68.54	Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age

CPT Codes for Nutrition:	
97802-97804	Nutritional Counseling

ICD 10 Codes for Nutrition:	
Z71.3	Diagnosis of Dietary Counseling

HCPCS Code for Physical Activity:	
G0447	Counseling for Obesity

ICD 10 Codes for Physical Activity:	
Z02.5	Encounter for Sports Physical
Z71.82	Exercise Counseling

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Documentation Requirements:

- Height, weight and BMI percentile during the calendar year.
  - The height, weight and BMI percentile must be from the same health care center.
- Either of the following meets criteria for BMI percentile:
  - BMI percentile documented as a value (e.g., 85th percentile).
  - BMI percentile plotted on an age-growth chart.
  - BMI value alone does NOT meet compliance for children.

Documentation of counseling for nutrition, One or more of the following:

- Discussion of current nutritional behaviors for all members, regardless of weight and age (e.g., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutritional education.
- Weight and obesity counseling.
- Member received educational materials on nutrition during a face-to-face discussion.
- Anticipatory guidance for nutrition was discussed and documented.
- Use completed Staying Healthy Assessment (SHA) as documentation, including nutrition and physical activity.

Documentation of counseling for physical activity. One or more of the following:

- Discussion of current behavior of physical activity for all members, regardless of weight and age, (e.g., exercise routine, participation in sports activities, exam for sports participation).
- Checklist indicating physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity during a face-to-face discussion.
- Anticipatory guidance specific to the child's physical activity.
- Weight or obesity counseling:
- KHS offers classes on weight management, which are showing good results. If a member does not show for the first day, continue to call member.
- Discuss and document **both** codes: **Z71.3** for Nutrition and **Z02.5** for Physical Activity.
- Convert sports/day care physicals, add the BMI percentile, nutrition and physical activity. Then submit the appropriate modifier 25.

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ICD 10 Codes for BMI:	
Z68.51	Body mass index (BMI) pediatric, less than 5th percentile for age
Z68.52	Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age
Z68.53	Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age
Z68.54	Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age

CPT Codes for Nutrition:	
97802-97804	Nutritional Counseling

ICD 10 Codes for Nutrition:	
Z71.3	Diagnosis of Dietary Counseling

HCPCS Code for Physical Activity:	
G0447	Counseling for Obesity

ICD 10 Codes for Physical Activity:	
Z02.5	Encounter for Sports Physical
Z71.82	Exercise Counseling

Helpful Tips:

- Avoid missed opportunities by taking advantage of every office visit, including sick visits, school sports and sport physicals to capture BMI percentile. When documenting BMI percentile for sports physicals, include height and weight
- Code **both** Z71.3 for Nutrition and Z02.5 for Physical Activity.
- Ask for Nutritional Activity booklets from KHS to provide to our members, in both English and Spanish. Give one to the member and parent/guardian while waiting in the lobby for their appointment. This helps to open dialogue between parent and provider. Ensure to document in chart that it was given and discussed.
- If BMI is above 85%, consider ordering the following blood work: Fasting Lipid profile, ALT, AST and Fasting Glucose. This can open a dialogue about weight management.

Exclusions:

- Well-nourished, well-developed are not accepted for nutrition.
- Documentation on ‘appetite’ is not considered an assessment.

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- Physical Therapy does not count for physical activity.
- Limit screen time, TV, Computer, and cell phone use does not count unless it also references a physical activity to do in its place. For example, ‘Limit screen time and play outside’ would be considered compliant.

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Well-Child Visits in the First 15 Months of Life (W15)

Measure Description:

The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:

- Six or more well-child visits, with each visit broken down in 5 components.

CPT Codes:	
99381, 99382, 99391, 99392	Initial comprehensive preventive medicine evaluation and management

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ICD 10 Codes:	
Z00.110	Health Examination for newborn under 8 days old
Z00.111	Health Examination for newborn 2 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings

Can add Modifier 25 on a sick visit to capture the Well Child Visit

Helpful Tips:

- Medical Records need to include the date when a health and development history and physical exam are performed. Health education and anticipatory guidance are both discusses and documented.
- Avoid missed opportunities by taking advantage of every office visit, including sick visits, to provide elements of a well-child visit, including immunizations, and lead testing.
- BMI is checked starting at the age of 3.
- Schedule next visit at the end of each appointment.
- Use care gap lists, available on the Provider Portal or from your Provider Network Representative to help manage your total member population. Use outreach calls and mailed letters to inform members of gaps in preventives.
- Be sure the 6th visit occurs before the member turns 15 months.

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Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)

Measure Description:
The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

CPT Codes:	
99382, 99383, 99392, 99393	Well Child Exam

ICD 10 Codes:	
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.8	Encounter for other general examination

Can add Modifier 25 on a sick visit to capture the Well Child Visit

Helpful Tips:

- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, including immunizations and BMI percentile calculations.
- Turn sports/daycare physicals into well-care visits by performing the required services and submitting appropriate codes. Add Modifier 25 on sick visits to capture well child components.
- Include the date when a health and developmental history and physical exam were performed, and health education/anticipatory guidance was given in the medical record.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- If you use the Child Health and Disabilities Prevention program, PM160, leverage any anticipatory guidance on PM160 forms by checking it off.
- Use gap lists on the Provider Portal to help manage your total member population.
- Use outreach calls and mailed letters to inform members of gaps in preventives.
- If you need assistance accessing this information on the portal, contact you KHS Provider Network Representative.

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Acknowledgements

The codes and measure tips are informational only, not clinical guidelines or standards of medical care and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding appropriate care of members.

Your state and provider contract, member benefits, Center for Medicare and Medicaid and other guidelines determine reimbursement for the applicable codes. Proper coding and appropriate care decrease the need for medical record requests and provider audits. It also helps us to review your performance on the quality of care that was provided our members

Please note the information provided is based on the HEDIS 2020 technical specifications and is subject to change based on guidance given by the National Committee of Quality Assurance (NCQA), the Center for Medicare and Medicaid Services (CMS) and DHCS recommendations. Please refer to the appropriate agency below for additional guidance.

- Bright Futures Tool and Resource Kit 4th Edition has been produced by the American Academy of Pediatrics, supported under its cooperative agreement with the US Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).
- HEDIS stands for Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee of Quality Assurance (NCQA).
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- Cdc.gov/ncbddd/adhd/treatment.html
- Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD), the National Institutes of Mental Health and National Resource Center websites offer provider, information, and resources.
- Agency for Healthcare and Research and Quality (AHRQ)
- United States Department of Health and Human Services (DHHS)
- TheSCANFoundation.org
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