

HEDIS 2021

Provider Resource Guide



KERN HEALTH
SYSTEMS



Kern FamilyTM
Health Care

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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 2021 Provider Resource Guide with descriptions of the measures, codes, and tips to help you increase your HEDIS rates.

This Resource Guide 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 Provider Resource Guide 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.
- Include 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 California Department of Health Care Services (DHCS) selects a set of performance 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 healthcare, 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 in 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.



COVID-19 and Kern Health Systems

KHS has monitored the status of the pandemic closely, assessing the safety requirements and recommendations in play. After the holidays, a significant spike in COVID-19 new cases and deaths occurred throughout Kern County. KHS ran a 'Back to Care' program, a Media Ad promotion via television, radio, billboards, print and digitals, in English and Spanish, starting in February 2021 through June 2021. The Media Campaign was to encourage members to return to care for preventive screenings. Eventually, Mobile Conquesting and Online Audio were added to the advertisements.

KHS also ran telephonic On-Hold Messaging and Social Media Blast strategies advising members that participating pharmacies are an option when considering the yearly Flu vaccination. KHS collaborated with Kern County Department of Public Health (KCDPH) by sponsoring 1,200 flu shots which were used by KCDPH at the Bakersfield Swap Meet in October and November.

In February members were able to receive the COVID-19 vaccine. Promotions of members receiving the vaccine through:

- KHS Website and Member Portal messages
- Phone 'Hold On' messages
- Mailers with vaccine education
- Social Media updates on vaccines
- And IVR calls and scripted messages

Many internet sites have reliable information on their websites concerning COVID-19. DHCS is running a project to get all Californians vaccinated at [COVID19.CA.GOV](https://www.california.gov/COVID19). Some of the topics covered are Vaccines, Travel, Education, Financial Help. The [KCDPH](https://www.kerncounty.gov/KCDPH) gives directions on how to get vaccinated throughout Kern County.

Member Portal

The Kern Family Health Care™ Member Portal allows members to do the following:

- View eligibility and benefits
- View medical and pharmacy referral history
- Check Health Care Reminders – Gaps in Care
- Sign-up for Health Education Classes
- Request, view, or print a member ID card
- View who their doctor is
- Change their doctor
- View and update their personal information

To register for the Member Portal, members need their Kern Family Health Care™ member ID number.

Members who register for the KFHC Member Portal may be eligible for a reward.



Member Engagement and Rewards Program

The Member Engagement and Rewards Program (MERP) is one of Kern Family Health Care's™ initiatives to improve compliance with the Managed Care Accountability Set (MCAS). A MERP campaign uses Interactive Voice Response (IVR) or robocalls, text messages, and mailers to motivate members to complete certain preventive care services such as Initial Health Assessments and Children and Adolescent Well-Care Visits.

Kern Family Health Care™ verifies the member received the required service by reviewing claims data submitted by providers.

Once it is verified that the member completed the required service to qualify for the reward, a gift card reward is mailed to the member's mailing address on file at Kern Family Health Care™.

Well-Care Visits and Telehealth

Introduction

The National Committee for Quality Assurance (NCQA) and the California Department of Health Care Services (DHCS) allow telehealth to close well-care visit care gaps. Telehealth allows providers to “see” children and adolescents and complete 4 of the 5 components of a well-care visit; and it allows patients to “see” a provider by eliminating common barriers, such as lack of transportation and child-care. Telehealth is expanding and will likely be more prevalent in the coming years.

Considerations for Using Telehealth for Well-Care Visits

- Develop a telehealth policy for your office.
- Telehealth use should be based on the medical condition, preferences and needs of the patients and their available resources.
- Telehealth well-care visits must include both real-time audio and visual communication.
- **Partial exams can meet the Child and Adolescent Well-Care Visit (WCV) HEDIS measure.**

Components of A Well-Care Visit That Can Be Completed Via Telehealth

- Health history
- Physical and mental development history
- Health education/anticipatory guidance
- Order necessary labs
- Weight assessment and counseling for nutrition and physical activity.

The Following Components of Well-Care Visits Must Be Done In-Person

- Comprehensive physical exam
- Hearing, vision, oral health screens
- Office laboratory work
- Fluoride varnish
- Immunizations

Helpful Tips:

- Engaging patients with telehealth:
 - Design High Quality Virtual Care
 - Introduce your patients to telehealth via flyer, email, or letter.
 - Provide patients with written, step-by-step instructions or direct support on how to access the telehealth visit.
- Before and during the telehealth visit:
 - Consider the patient's individual needs (language assistance, visual/hearing deficits, etc.)
 - Provide the patient with a checklist to prepare for the virtual visit.
 - Provide patients with necessary forms for the appointment (mail, email, online portal).
 - Suggested Forms include:
 - Staying Healthy Assessment
 - Health history checklist
 - Physical development history checklist
 - Mental development history checklist
 - See the [Telehealth Visit Etiquette Checklist](#) for more details on preparing for and conducting a telehealth visit.
- After the telehealth visit:
 - Send the patient a visit summary
 - Include a current medication list
 - Include any orders (lab slips, x-ray, Rx, etc.)
 - Schedule the in-person visit
 - Provide the patient with a number to call for any follow-up questions

Coding

The Child and Adolescent Well-Care Visit (WCV) measure is now captured only through correct coding.

Well-Care Visit	Corresponding Code	Telehealth
CPT	99381-99385, 99391-99395	Place of service (POS): 02 ¹
HCPCS	G0438, G0439	Telehealth modifier: 95
ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2	Originating site: Q3014
Developmental Screening (standardized screening)	96110	Transmission fee ² : T1014
Depression screenings (ages 12 – 21)	G8431, G8510	

¹Codes are not applicable to FQHCs, RHCs or IHS. Some payers have recommended billing telehealth codes for rural clinics under HCPCS G0071, G2025, revenue code 052X, modifier 95, CG.

² Applicable to Medi-Cal. Refer to <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf>

Helpful Resources

- [AMA - Telehealth Quick Guide](#)
- [HHS - Helping Patients Prepare for Their Telehealth Appointment](#)
- [HHS - Introducing Patients to Telehealth](#)
- [National Consortium of Telehealth Resource Centers Fact Sheets](#)
- [California Telehealth Resource Center Patient Education Resources \(CTRC\)](#)
- telehealth.hhs.gov
- [IHI - Institute for Healthcare Improvement](#)

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	<ul style="list-style-type: none"> ● Bupropion: 0185-0410 ● Vilazodone: 0456-1110 ● Vortioxetine: 55154-0256
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> ● Isocarboxazid: 30698-032 ● Phenelzine: 40032-360 ● Selegiline: 1657-1659 ● Tranylcypromine: 0591-5590
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> ● Nefazodone: 0093-1024 ● Trazodone: 0555-0733
Psychotherapeutic combinations	<ul style="list-style-type: none"> ● Amitriptyline-chlordiazepoxide: 0378-0211 ● Amitriptyline-perphenazine: 0378-0042 ● Fluoxetine-olanzapine: 3230
SNRI antidepressants	<ul style="list-style-type: none"> ● Desvenlafaxine: 0008-1210 ● Duloxetine: 47335-616 ● Levomilnacipran: 0456-2202 ● Venlafaxine: 0008-0833
SSRI antidepressants	<ul style="list-style-type: none"> ● Citalopram: 0121-0848 ● Fluoxetine: 0777-3105 ● Escitalopram: 0093-5850 ● Sertraline: 0049-0050 ● Paroxetine: 0777-2824
Tetracyclic antidepressants	<ul style="list-style-type: none"> ● Maprotiline: 0378-0060 ● Mirtazapine: 0052-0105
Tricyclic antidepressants	<ul style="list-style-type: none"> ● 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 ● Trimipramine: 51991-944

**Disclosure – Not all medications listed may be on KHS' formulary*

Helpful Tips:

- Explain to patients 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 the patient leaves the office and stress the need for follow-up visits.
- A follow up appointment should be made within 3 months of prescribing a medication. Once medication dosage is stable, a follow up appointment should be made after 6 months of treatment. It takes 6-12 months for most people to gain a positive response to symptoms.
- A quantitative symptom assessment tool (e.g., PHQ-9) should be completed by member within 3, 6 and 12 months of diagnosis.
- The Geriatric Depression Scale (GDS), a 30-item questionnaire, is recommended for senior members.



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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 Codes:	
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

Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antiasthmatic combinations	Dyphylline-guaifenesin	<u>Dyphylline Guaifenesin Medications List</u>	Oral
Antibody inhibitors	Omalizumab	<u>Omalizumab Medications List</u>	Subcutaneous
Anti-interleukin-5	Benralizumab	<u>Benralizumab Medications List</u>	Subcutaneous
Anti-interleukin-5	Mepolizumab	<u>Mepolizumab Medications List</u>	Subcutaneous
Anti-interleukin-5	Reslizumab	<u>Reslizumab Medications List</u>	Intravenous
Inhaled steroid combinations	Budesonide-formoterol	<u>Budesonide Formoterol Medications List</u>	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	<u>Fluticasone Salmeterol Medications List</u>	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	<u>Fluticasone Vilanterol Medications List</u>	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	<u>Formoterol Mometasone Medications List</u>	Inhalation
Inhaled corticosteroids	Beclomethasone	<u>Beclomethasone Medications List</u>	Inhalation
Inhaled corticosteroids	Budesonide	<u>Budesonide Medications List</u>	Inhalation
Inhaled corticosteroids	Ciclesonide	<u>Ciclesonide Medications List</u>	Inhalation
Inhaled corticosteroids	Flunisolide	<u>Flunisolide Medications List</u>	Inhalation
Inhaled corticosteroids	Fluticasone	<u>Fluticasone Medications List</u>	Inhalation
Inhaled corticosteroids	Mometasone	<u>Mometasone Medications List</u>	Inhalation
Leukotriene modifiers	Montelukast	<u>Montelukast Medications List</u>	Oral
Leukotriene modifiers	Zafirlukast	<u>Zafirlukast Medications List</u>	Oral
Leukotriene modifiers	Zileuton	<u>Zileuton Medications List</u>	Oral
Methylxanthines	Theophylline	<u>Theophylline Medications List</u>	Oral

**Disclosure – Not all medications listed may be on KHS' formulary*

Asthma Reliever Medications

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

**Disclosure – Not all medications listed may be on KHS' formulary*

Helpful Tips:

- 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 maintenance inhaler if refill is also needed.



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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	77061, 77062, 77063, 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 ‘Gaps in Care’ list to identify patients in need of mammograms in KHS’ Provider Portal.
- Document a bilateral mastectomy in the medical record.
- Be sure to offer a Mammogram to your high-risk patients under 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 reminder cards, chart or EMR Flags and education.
- Aid the member in the office at point of care by scheduling a mammogram appointment for them.
- Reminders inform health care providers it is time for a member’s cancer screening test or that the client is overdue for screening. The reminders can be provided in different ways, such as in client charts or by e-mail to both the providers and the members.

Controlling High 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.

CPT II Codes:	
Systolic: < 140 mm Hg	3074F Less than 130 3075F 130-139
Diastolic: < 90 mm Hg	3078F 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.
- Teach your staff about ‘White Coat’ syndrome. Some members get nervous going to see a provider, causing increased blood pressure. Take the member’s reading at discharge.



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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 cervical cytology/high-risk human papillomavirus (hrHPV) co-testing testing within the last 5 years.

CPT Codes:

88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175

ICD 10 Code:

Z12.4	Encounter for screening for malignant neoplasm of cervix
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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.

Exclusions:

- 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.

Contraceptive Care – All Women:

Most or Moderately Effective Contraception (CCW–MMEC) Long Acting Reversible Contraception (CCW-LARC)

Measure description:

Among women ages 15- 20 and 21-44 at risk of unintended pregnancy, the percentage that:

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

The measure is captured through administrative data: Claims, service 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 2021.

Eligible Population:	
Age	Women ages 15 to 20 and 21 to 44 as of December 31 of the measurement year.
Continuous enrollment	The measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

CPT Codes:	
59812	Dilatation and Curettage, any trimester
59820	Dilatation and Curettage, 1 st trimester
59821	Dilatation 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 Syndrome, third trimester
O14.90	Postpartum with pre-eclampsia, 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.

Contraceptive Care – Postpartum Women:

Most or Moderately Effective Contraception – 3 Days & 60 Days (CCP-MMEC3 & CCP-MMEC60)

Long-Acting Reversible Method of Contraception – 3 Days & 60 Days (CCP-LARC3 & CCP-LARC60)

Measure Description:

Among women ages 15-20 and 21-44 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 2021.

Eligible Population:	
Age	Women ages 15 to 20 and 21 to 44 as of December 31 of the measurement year.
Continuous enrollment	Within the measurement year, women enrolled from the date of delivery to 60 days postpartum.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.
Anchor date	Date of delivery.
Benefit	Medical or Family Planning Only Services
Event/Diagnosis	Delivery of a live birth

CPT Codes:	
59812	Dilatation and Curettage, any trimester

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
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 of bilateral fallopian tubes, open approach

HCP 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.



**KERN HEALTH
SYSTEMS**

Comprehensive Diabetes Care (CDC)

Measure Description:

The percentage of members 18–75 years of age with diagnosis of Diabetes Mellitus (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 Diabetes	
Type I Diabetes	
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 Diabetes	
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



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.

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.

Definitions:

- Follow-Up: Proposed plan of care to be conducted because 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 active diagnosis of Depression and/or Bipolar Disorder

Exclusion ICD 10 Diagnosis Codes:	
F01.51	Vascular dementia with behavioral disturbance
F31.10	Bipolar disorder without psychotic features
F31.11	Bipolar manic without psychotic features
F31.12	Bipolar with manic current episode, moderate
G9717	Active depression with bipolar disorder, follow up not required

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 Plan is needed



Helpful Tips:

- Promote scheduling and attending follow up appointments to review effectiveness of treatment.
- Be sure member is compliant with long-term medication.
- Educate patient to 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 for members who participate in a Behavioral Health Case Management Program.

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

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.

Exclusion CPT Codes:	
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 confidentiality 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.

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

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

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 significant 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.

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

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

Measure description:

The percentage of members 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

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:	
Z1032 with modifier ZL	Initial encounter for supervision of normal pregnancy, first trimester
Z34.01	Encounter for supervisions of other normal first pregnancy, first trimester
Z34.81	Encounter for supervision 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' 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.

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
59618	Delivered cesarean after attempted vaginal delivery with a hx of cesarean delivery
59400	Routine obstetric care with vaginal delivery
59510	Routine obstetric care with cesarean delivery
59610	Routine obstetric care with cesarean delivery after hx of 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.

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, 80069, 82950, 50053	Glucose Test

Diagnosis Codes:	
F20.0-F20.9	Schizophrenia Disorder
F25.0-F25.9	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.
- Assess whether the office EMR can be set up with a flag for lab tests based on diagnosis or when antipsychotic medications are added to the treatment plan.
- If the patient reports having had previous work, providers must obtain the official results. Member reporting is not valid for medical record entry.



- 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 medications, 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 Care for Children Prescribed Attention- Deficit/Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase (ADD-C&M) & Initiation Phase (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 1 of the measurement year. (March 1, 2020 to February 28, 2021).

Definitions:	
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

Metabolic Monitoring for Children and Adolescents on Antipsychotics (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, 50053, 80069, 82950	Glucose Test
80061, 83700	LDL-C Test

Antipsychotic Combination Medications

Description	Prescription
Psychotherapeutic combinations	<ul style="list-style-type: none"> ● Fluoxetine- olanzapine ● Perphenazine- amitriptyline

**Disclosure – Not all medications listed may be on KHS' formulary*

Prochlorperazine Medications

Description	Prescription
Phenothiazine antipsychotics	<ul style="list-style-type: none"> ● Prochlorperazine

**Disclosure – Not all medications listed may be on KHS' formulary*

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> ● Aripiprazole ● Asenapine ● Brexpiprazole ● Cariprazine ● Clozapine ● Haloperidol 	<ul style="list-style-type: none"> ● Iloperidone ● Loxapine ● Lurisadone ● Molindone ● Olanzapine ● Paliperidone 	<ul style="list-style-type: none"> ● Pimozide ● Quetiapine ● Quetiapine fumarate ● Risperidone ● Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> ● Chlorpromazine ● Fluphenazine ● Perphenazine 	<ul style="list-style-type: none"> ● Thioridazine ● Trifluoperazine 	
Thioxanthenes	<ul style="list-style-type: none"> ● Thiothixene 		
Long-acting injections	<ul style="list-style-type: none"> ● Aripiprazole ● Olanzapine ● Risperidone 	<ul style="list-style-type: none"> ● Paliperidone palmitate decanoate ● Haloperidol decanoate ● Fluphenazine decanoate 	

**Disclosure – Not all medications listed may be on KHS' formulary*

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.

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.

Codes for Immunizations:

Vaccine	Dose	CPT Codes:
DTaP	4	90696, 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

**Add Modifier 25 on a sick visit to capture the Well Child Visit*

Exclusions:

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

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.

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 some 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.

Immunizations for Adolescents (IMA-Combo 2)

Measure Description:

The percentage of adolescents 13 years of age who had

- **one dose** of meningococcal vaccine (MCV), *and*
- **one dose** Tetanus, Diphtheria Toxoids and Acellular pertussis (Tdap) vaccine, *and*
- **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	90714, 90715 Modify with GY
HPV	90649, 90650, 90651

**Add Modifier 25 on a sick visit to capture the Well Child Visit*

Exclusions:

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

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.

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

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 documentation of *all* of the following during the measurement year:

- Height,
- Weight, and
- BMI percentile*, either meets criteria for BMI percentile:
 - BMI percentile documented as a value (e.g., 85th percentile), or
 - BMI percentile documented on an age-growth chart

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

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

Documentation Requirements:

- Height, Weight, and BMI percentile during the calendar year.
 - All three 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 (e.g., 23 kg/m²) alone does **NOT** meet compliance for children.

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.
- Place BMI percentile charts near scales as a reminder to gather the information.
- Code both Z71.3 for Nutrition and Z02.5 for Physical Activity.
- 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.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Physical Activity (WCC-PA)

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 documentation of the following during the measurement year:

- Counseling for Physical Activity.

HCPCS Code for Physical Activity:	
G0447	Counseling for Obesity
S9451	Exercise Classes

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

Documentation Requirements:

Include 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 (e.g., completed Staying Healthy Assessment).
- 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.

Exclusions:

- 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.



Helpful Tips:

- Avoid missed opportunities by taking advantage of every office visit, including sick visits and sports physicals to capture BMI percentile.
- When documenting BMI percentile, always include height and weight.
- Place BMI percentile charts near scales as a reminder to gather the information.
- 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.
- KHS offers classes on weight management, you can contact Member Services to submit a referral to the KHS' Health Education Department.
- Discuss and document both codes: Z71.3 for Nutrition and Z02.5 for Physical Activity.
- Add to sports/day care physicals the BMI percentile and counseling for nutrition and physical activity. Then submit the appropriate modifier 25.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition (WCC-N)

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 documentation of the following during the measurement year:

- Counseling for Nutrition

CPT Codes for Nutrition:	
97802-97804	Nutritional Counseling

ICD 10 Codes for Nutrition:	
Z71.3	Diagnosis of Dietary Counseling
Z71.82	Exercise Counseling
G0270	Medical Nutritional Therapy
G0447	Obesity Counseling
S9452	Nutritional Classes

Documentation Requirements:

Include 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.

Exclusions:

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



Helpful Tips:

- Email [KHS' QI Coordinator](#) and ask for Nutritional Activity booklets from KHS to provide to 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.

Well-Child Visits in the First 30 Months of Life (W30)

Measure Description:

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. This measure has 2 rates, the following rates are reported:

1. Well-Child Visits in the First 15 Months – children who turned 15 months old during the measurement year who had **six or more well-child visits**.
2. Well-Child Visits for Age 15 Months to 30 Months – children who turned 30 months old during the measurement year who had **two or more well-child visits**.

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

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

**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 discussed 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.
- 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.

Child and Adolescent Well-Care Visits (WCV)

Measure Description:

The percentage of members 3–21 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:	
99382-99385, 99392-99395, 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

**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 well-child elements, including immunizations, BMI percentile calculations and counseling for nutrition and physical activity.
- 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.
- 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 your 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 Measurement Year 2021 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 2nd 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).
- CPT® is a registered trademark of the American Medical Association. All Rights Reserved.
- [CareCloud.com: What is HEDIS? Goals, Benefits, Improvements](#) [Magellan Health Insights: What is HEDIS and What Does it Mean to You?](#)
- Centers for Medicare & Medicaid Services (CMS): [Place of Service Code Set](#)
- Gold Coast Health Plan: [Introduction to HEDIS/MCAS](#)
- [Aetna Better Health of Kentucky: What is HEDIS?](#)
- [Kohler Healthcare Consulting Inc: Coding Seminar: Tips to Improve HEDIS Measures](#)
- Centers for Disease Control and Prevention (CDC): [Guideline for Prescribing Opioids for chronic pain-United States, 2016](#)
- CDC: [Learn the Signs. Act Early](#)
- NCQA: [Improving Chlamydia Screening: Strategies from Top Performing Health Plans](#)
- Medicaid.gov: [Adult and Child Health Care Quality Measures](#)
- [NCQA: Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#)
- Pediatrics® Official Journal of The American Academy of Pediatrics: [Guidelines for Adolescent Depression in Primary Care](#)
- State of California Department of Justice: [Controlled Substance Utilization Review and Evaluation System \(CURES\)](#)
- CDC: [Treatment of Attention Deficit Hyperactivity Disorder \(ADHD\)](#)
- Children and Adults with Attention Deficit Hyperactivity Disorder ([chadd.org](#))



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- National Institutes of Mental Health (nimh.nih.gov)
- National institutes of Health (nih.gov)
- Agency for Healthcare and Research and Quality (ahrq.gov)
- United States Department of Health & Human Services (hhs.gov)
- The SCAN Foundation (thescanfoundation.org)
- Medicaid.gov: [Children’s Health Insurance Program Reauthorization Act \(CHIPRA\)](#)
- American Academy of Pediatrics (aap.org)
- Dell Children’s Health Plan: [HEDIS Benchmarks and Coding Guidelines for Quality Care](#)
- BlueCross BlueShield of Alabama: [Obstetrics Documentation Requirements Tips](#)
- National Library of Medicine: [HEDIS antidepressant medication management measures and performance-based measures: an opportunity for improvement in depression care](#)
- Doctor Guidelines: [Child Development Assessment – Developmental Milestones and Denver Developmental Screening Test](#)
- American College of Obstetricians and Gynecologists (ACOG): [Long-Acting Reversible Contraception \(LARC\) Quick Coding Guide](#)
- ACOG: [Long-Acting Reversible Contraception \(LARC\): Implants and Intrauterine Devices](#)
- Ages & Stages Questionnaires® (agesandstages.com)
- [AMA - Telehealth Quick Guide](#)
- [HHS - Helping Patients Prepare for Their Telehealth Appointment](#)
- [HHS - Introducing Patients to Telehealth](#)
- [National Consortium of Telehealth Resource Centers Fact Sheets](#)
- [California Telehealth Resource Center Patient Education Resources \(CTRC\)](#)
- telehealth.hhs.gov
- [IHI - Institute for Healthcare Improvement](#)
- California For All: COVID19.CA.GOV
- Kern County Public Health Services Department: [KCDPH](#)



**KERN HEALTH
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