Santa Clara Family Health Plan™

PROVIDER PERFORMANCE PROGRAM

Medi-Cal
Technical Specifications CY 2020

P.O. Box 18880
San Jose, CA 951585
www.scfhp.com
Updated 03/10/2020
40351

Santa Clara Family Health Plan™

Contents

Program description 1
Program qualifications and member attribution 1
Tiers and point system 1
Program measures and scoring 2
Time frames 2
Measure specifications 3
1. Plan all-cause re-admission (PCR) 3
2. Cervical cancer screening (CCS) 4
Table 1 4
Table 2 6
Table 3 7
3. Initial health assessment (IHA) 9
Table 4 9
4. Well-child visits in the first 15 months of life (W15) - 6 visits 10
Table 5 10
5. Well-child visits in the third, fourth, fifth, and sixth years of life (W34) 12
Table 6 12
6. Adolescent well-care visits (AWC) 14
Table 7 14
7. Adult BMI assessment (ABA) 16
Table 8 16
Table 9 17
Table 10 17
8. Asthma medication ratio (AMR) 19
Follow the steps below to identify the numerator: 19
Table 11: Asthma controller medications table 19
Table 12: Asthma reliever medications 20
9. Chlamydia screening in women (CHL): total 21
Table 13 21
10. Comprehensive diabetes care (CDC): HbA1c poor control 24
Table 14 24
11. Controlling high blood pressure (CBP) 25
Table 15 25
Table 16 – Diastolic and Systolic codes 27
12. Prenatal & postpartum care (PPC): timeliness of prenatal care 28
Table 17 28
Table 18 29
Table 19 29
13. Encounter data timeliness 31

Medi-Cal Provider Performance Program

Technical specifications for calendar year 2020

Program description

Santa Clara Family Health Plan (SCFHP) Medi-Cal Provider Performance Program (PPP) is designed to align with our mission to provide high quality, comprehensive healthcare and to close gaps in care for our members. The PPP is based on a combination of the following measures:

- The National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS)
- Department of Health Care Services (DHCS) quality requirements
- SCFHP-developed measures

Performance is measured in a calendar year cycle from January 1, 2020 through December 31, 2020. The PPP includes three quarterly Provider Report Cards that are generated within 30 days after the end of each quarter. The final (fourth quarter) report card for the program year will be delivered no sooner than 90 days after the end of the program measurement year. In addition to the Provider Report Card, SCFHP provides monthly Gaps in Care lists, which are also be downloadable via Provider Link, SCFHP's provider portal at providerportal.scfhp.com. The Gaps in Care lists identify members that were part of the measure denominator but not counted towards the numerator.

NCQA releases updated HEDIS technical specifications in July and October of each calendar year. SCFHP will provide updated technical specifications with any applicable changes after each update.

Program qualifications and member attribution

- Eligible providers include non-globally capitated networks with more than 10,000 plan-assigned members and independent physicians/groups with 100 or more Medi-Cal, non-dual members as of the end of the measurement period
- Measures are applied to the member's Primary Care Provider (PCP) on record at the end of measurement period
- All applicable services are credited to the PCP on record at the end of the measurement period
- Member age is calculated based on their age at the end of the measurement period
- Eligibility for the PPP incentive payments is contingent on maintaining satisfactory compliance with SCFHP quality requirements, such as – but not limited to – completing any Facility Site Review Corrective Action Plans (CAP) and/or avoiding Potential Quality of Care Issues (PQI) level three or above

Tiers and point system

Most measures can earn up to 13 points. Performance on individual measures is calculated as follows:

- 12 points per measure are awarded based on three result tiers:
    - Tier 1 = 12 points
    - Tier 2 = 9 points
    - Tier 3 = 6 points

An additional improvement point is awarded per measure if a 10% improvement from the baseline result is achieved. If there was no result from the prior year, an individual measure will not have an improvement point. For example:

- If the baseline result was 60.5%, the new result would have to be at least 66.55% (10% of 60.5 = 6.05) to earn the improvement point

Santa Clara Family Health Plan™

Program measures and scoring

Measurements with no 2019 results available will not be eligible for the improvement point and are worth 12 points.

Measure	Improvement = 1 point	Tier 1 = 12 points	Tier 2 = 9 points	Tier 3 = 6 points
Plan All Cause Readmission (PCR)	≥10% Improvement from 2019 Result or if at ≥90th Percentile, 10% of the remainder to 100%	≥90th Percentile	≥75th Percentile	≥50th Percentile
2. Cervical Cancer Screening (CCS)				
3. Initial Health Assessment (IHA)				
Well-Child Visits in the First 15 Months of Life - 6 Visits (W15)				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)				
Adolescent Well-Care Visits (AWC)				
7. Adult BMI Assessment (ABA)				
8. Asthma Medication Ratio (AMR)				
Chlamydia Screening in Women: Total (CHL)				
Comprehensive Diabetes Care: HbA1c Poor Control (CDC-H9)				
Controlling High Blood Pressure (CBP)				
Prenatal & Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)				
13. Encounter Timeliness		≥80% within 75 days of date of service	70-79% within 75 days of date of service	60-69% within 75 days of date of service

Time frames

All measures use a 12-month calendar year-to-date time frame, except IHA. IHA will use a rolling 12-month time frame.

Santa Clara Family Health Plan™

Measure specifications

1. Plan all-cause re-admission (PCR)

Measure
For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Having a lower rate is better.

Measure source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Denominator
Number of acute inpatient hospital stays during the measurement period.

Numerator
Number of readmissions for any diagnosis within 30 days of discharge from an acute hospital stay.

Exclusions

- Maintenance chemotherapy rehabilitation
- Organ transplant
- Potentially planned procedure

2. Cervical cancer screening (CCS)

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

- Women age 21-64 who had a cervical cytology performed in the last three years
- Women age 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years
- Women age 30-64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed in the last five years.

Measure source
NQCA/HEDIS

Membership
Medi-Cal, non-dual

Specifications

- Administrative data only
- Exclude women with a total hysterectomy (Table 1)
- Women 24–64 years as of 12/31 of the measurement year

Follow the steps below to identify the numerator:

- **Cytology Screening** (Table 2) in the measurement year or the two years prior to the measurement year for women 24 to 64 years old
- **hrHPV Testing:** Women 30–64 years of age as of 12/31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing (Table 3) with service dates four or less days apart during the measurement year or the four years prior to the during the measurement year or four years prior to the measurement year **and** who were 30 years or older on the date of the test.

Note: Evidence of hrHPV testing within the last five years also captures patients who had co-testing; therefore, additional methods to identify co-testing are not necessary.

Table 1

Code	Definition	Code System
51925	Hysterectomy/Bladder Repair	CPT
56308	Lap Supracervical Hysterectomy	CPT
57540	Excise Residual Cervix	CPT
57545	Excise Cervix/Repair Pelvis	CPT
57550	Excise Residual Cervix	CPT
57555	Excise Cervix/Repair Vagina	CPT
57556	Excise Cervix Repair Bowel	CPT
58150	Total Hysterectomy	CPT
58152	Total Hysterectomy	CPT
58200	Extensive Hysterectomy	CPT
58210	Extensive Hysterectomy	CPT
58240	Remove Pelvis Contents	CPT
58260	Vag Hysterectomy	CPT
58262	Vag Hyst Inc T/O	CPT

Santa Clara Family Health Plan™

Code	Definition	Code System
58263	Vag Hyst W/T/O & Vag Repair	CPT
58267	Vag Hyst W/Urinary Repair	CPT
58270	Vag Hyst W/Enterocele Repair	CPT
58275	Hysterectomy/Revise Vagina	CPT
58280	Hysterectomy/Revise Vagina	CPT
58285	Extensive Hysterectomy	CPT
58290	Vag Hyst Complex	CPT
58291	Vag Hyst Inc T/O Complex	CPT
58292	Vag Hyst T/O & Repair Compl	CPT
58293	Vag Hyst W/Uro Repair Compl	CPT
58294	Vag Hyst W/Enterocele Compl	CPT
58548	Lap Radical Hyst	CPT
58550	Lap-Asst Vag Hysterectomy	CPT
58552	Lap-Vag Hyst Inc T/O	CPT
58553	Lap-Vag Hyst Complex	CPT
58554	Lap-Vag Hyst W/T/O Compl	CPT
58570	Tlh Uterus 250 G/Less	CPT
58571	Tlh W/T/O 250 G/Less	CPT
58572	Tlh Uterus Over 250 G	CPT
58573	Tlh W/T/O Uterus Over 250 G	CPT
58951	Resect Ovarian Malignancy	CPT
58953	Tah Rad Dissect Debulk	CPT
58954	Tah Rad Debulk/Lymph Remove	CPT
58956	Bso Omntectomy W/Tah	CPT
59135	Treat Ectopic Preg	CPT
Q51.5	Agenesis and aplasia of cervix	ICD10CM
Z90.710	Acquired absence of both cervix and uterus	ICD10CM
Z90.712	Acquired absence of cervix with remaining uterus	ICD10CM
0UTC0ZZ	Resection of Cervix, Open Approach	ICD10PCS
0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach	ICD10PCS
0UTC7ZZ	Resection of Cervix, Via Natural or Artificial Opening	ICD10PCS
0UTC8ZZ	Resection of Cervix, Via Natural or Artificial Opening Endoscopic	ICD10PCS

Santa Clara Family Health Plan™

Table 2

Code	Definition	Code System
88141	Cytopath C/V Interp	CPT
88142	Cytopath C/V Thin Layer	CPT
88143	Cytopath C/V Thin Layer Redo	CPT
88147	Cytopath C/V Auto	CPT
88148	Cytopath C/V Auto Rescreen	CPT
88150	Cytopath C/V Manual	CPT
88152	Cytopath C/V Auto Redo	CPT
88153	Cytopath C/V Redo	CPT
88154	Cytopath C/V Select	CPT
88164	Cytopath Tbs C/V Manual	CPT
88165	Cytopath Tbs C/V Redo	CPT
88166	Cytopath Tbs C/V Auto Redo	CPT
88167	Cytopath Tbs C/V Select	CPT
88174	Cytopath C/V Auto In Fluid	CPT
88175	Cytopath C/V Auto Fluid Redo	CPT
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision (G0123)	HCPCS
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician (G0124)	HCPCS
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician (G0141)	HCPCS
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision (G0143)	HCPCS
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision (G0144)	HCPCS
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision (G0145)	HCPCS
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision (G0147)	HCPCS
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening (G0148)	HCPCS
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision (P3000)	HCPCS
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician (P3001)	HCPCS

Code	Definition	Code System
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory (Q0091)	HCPCS
10524-7	Microscopic observation [Identifier] in Cervix by Cyto stain	LOINC
18500-9	Microscopic observation [Identifier] in Cervix by Cyto stain.thin prep	LOINC
19762-4	General categories [interpretation] of Cervical or vaginal smear or scraping by Cyto stain	LOINC
19764-0	Statement of adequacy [interpretation] of Cervical or vaginal smear or scraping by Cyto stain	LOINC
19765-7	Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain	LOINC
19766-5	Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain Narrative	LOINC
19774-9	Cytology study comment Cervical or vaginal smear or scraping Cyto stain	LOINC
33717-0	Cytology Cervical or vaginal smear or scraping study	LOINC
47527-7	Cytology report of Cervical or vaginal smear or scraping Cyto stain thin prep	LOINC
47528-5	Cytology report of Cervical or vaginal smear or scraping Cyto stain	LOINC

Table 3

Code	Definition	Code System
87620	HPV DNA DIR PROBE	CPT
87621	HPV DNA AMP PROBE	CPT
87622	HPV DNA QUANT	CPT
87624	HPV, HIGH-RISK TYPES	CPT
87625	HPV, TYPES 16 & 18 ONLY	CPT
G0476	Infectious agent detection by nucleic acid (dna or rna); HPV, high-risk types (e.g. 16, 18, 31, 33, 35, 39, 45, 51, 52, 56,58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	HCPCS
21440-3	Human papilloma virus 16+18+31+33+35+45+51+52+56 DNA [Presence] in Cervix by DNA probe	LOINC
30167-1	Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC
38372-9	Human papilloma virus 6+11+16+18+31+33+35+39+42+43+44+45+51+52+56+58+ 59+68 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC
59263-4	Human papilloma virus 16 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC
59264-2	Human papilloma virus 18 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC
59420-0	Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC

Code	Definition	Code System
69002-4	Human papilloma virus E6+E7 mRNA [Presence] in Cervix by Probe and target amplification method	LOINC
71431-1	Human papilloma virus 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by Probe and target amplification method	LOINC
75406-9	Human papilloma virus 16 and 18+45 E6+E7 mRNA [Presence] in Cervix by Probe with amplification	LOINC
75694-0	Human papilloma virus 18+45 E6+E7 mRNA [Presence] in Cervix by Probe and signal amplification method	LOINC
77379-6	Human papiloma virus 16 and 18 and 31+33+35+39+45+51+52+56+58+59+66+68 DNA [interpretation] in Cervix	LOINC
77399-4	Human papilloma virus 16 DNA [Presence] in Cervix by Probe and target amplification method	LOINC
77400-0	Human papilloma virus 18 DNA [Presence] in Cervix by Probe and target amplification method	LOINC
82354-2	Human papilloma virus 16 and 18+45 E6+E7 mRNA [Identifier] in Cervix by NAA with probe detection	LOINC
82456-5	Human papilloma virus 16 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection	LOINC
82675-0	Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection	LOINC

Santa Clara Family Health Plan™

3. Initial health assessment (IHA)

Measure
All first time members and members reinstated after 12 months of disenrollment must receive an Initial Health Assessment (IHA) within 120 days of enrollment into the plan as well as a Staying Health Assessment (SHA) Questionnaire.

Measure source
DHCS

Membership
Medi-Cal, non-dual

Specifications

- First-time members and members reinstated after 12 months of disenrollment to SCFHP who received an IHA within 120 days of enrollment with the plan (codes to identify IHAs are included in Table 4, below)
- Administrative data only
- Enrollment period uses a rolling 12-month time frame:
- For example: If enrollment date is January 1, then January 1 plus 120 days is May 1
- Equivalent PM-160 codes are cross-walked to codes below
- Must complete a minimum of two outreach attempts (one phone call and one written) and document attempts in the member's medical record. When sending over outreach attempt code, use the date of the second attempt.

Table 4

Code	Code System	Code	Code System	Code	Code System	Code	Code System
59400	CPT	**99347**	CPT	**99397**	CPT	**G0439**	HCPCS
59425	CPT	**99348**	CPT	**C01A1**	CHDP	**Z1000**	Local Medi-Cal
59426	CPT	**99349**	CPT	**C01A2**	CHDP	**Z1006**	Local Medi-Cal
59430	CPT	**99350**	CPT	**C01A3**	CHDP	**Z1008**	Local Medi-Cal
59510	CPT	**99381**	CPT	**C01A4**	CHDP	**Z1014**	Local Medi-Cal
59610	CPT	**99382**	CPT	**C01B1**	CHDP	**Z1016**	Local Medi-Cal
59618	CPT	**99383**	CPT	**C01B2**	CHDP	**Z1020**	Local Medi-Cal
99201	CPT	**99384**	CPT	**C01B3**	CHDP	**Z1022**	Local Medi-Cal
99202	CPT	**99385**	CPT	**C01B4**	CHDP	**Z1032**	Local Medi-Cal
99203	CPT	**99386**	CPT	**Z00.00**	ICD-10	**Z1034**	Local Medi-Cal
99204	CPT	**99387**	CPT	**Z00.01**	ICD-10	**Z1036**	Local Medi-Cal
99205	CPT	**99391**	CPT	**Z00.121**	ICD-10	**Z1038**	Local Medi-Cal
99221	CPT	**99392**	CPT	**Z00.129**	ICD-10	**Z6500**	Local Medi-Cal
99342	CPT	**99393**	CPT	**Z00.8**	ICD-10	-	-
99343	CPT	**99394**	CPT	**Z02.1**	ICD-10	-	-
99344	CPT	**99395**	CPT	**Z02.89**	ICD-10	-	-
99345	CPT	**99396**	CPT	**G0438**	HCPCS	-	-
Outreach Attempts Completed: combination of both codes need to be billed together to receive credit for completed outreach attempts.						HCPCS G9604 ICD-10 Y93.9	

4. Well-child visits in the first 15 months of life (W15) - 6 visits

Measure
The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.

Measure source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Specifications

- Administrative data only
- Anchor date is the day the child turns 15 months old
- Children who turn 15 months old during the measurement year
- Calculate the 15-month birthday as the child's first birthday plus 90 days
- The well-child visit (Table 5) must occur with a PCP, but the PCP does not have to be the child's assigned PCP

Table 5

Code	Definition	Code System
99381	Initial preventive medicine new patient <1year	CPT
99382	Initial preventive medicine new pt age 1-4 yrs	CPT
99383	Initial preventive medicine new pt age 5-11 yrs	CPT
99384	Initial preventive medicine new pt age 12-17 yrs	CPT
99385	Initial preventive medicine new pt age 18-39 yrs	CPT
99391	Periodic preventive med est. patient <1y	CPT
99392	Periodic preventive med est. patient 1-4yrs	CPT
99393	Periodic preventive med est. patient 5-11yrs	CPT
99394	Periodic preventive med est. patient 12-17yrs	CPT
99395	Periodic preventive med est. patient 18-39 yrs	CPT
99461	Initial newborn per day for eval/ non hospital or birth center	CPT
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit (G0438)	HCPCS
G0439	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit (G0439)	HCPCS
Z00.110	Health examination for newborn under 8 days old	ICD10CM
Z00.111	Health examination for newborn 8 to 28 days old	ICD10CM
Z00.121	Encounter for routine child health examination with abnormal findings	ICD10CM
Z00.129	Encounter for routine child health examination without abnormal findings	ICD10CM
Z00.5	Health examination for newborn under 8 days old	ICD10CM
Z00.8	Encounter for other general examination	ICD10CM
Z02.0	Encounter for examination for admission to educational institute	ICD10CM
Z02.1	Encounter for pre-employment examination	ICD10CM

Code	Definition	Code System
Z02.2	Encounter for admission into a residential institution	ICD10CM
Z02.6	Encounter for examination for insurance purposes	ICD10CM
Z02.71	Encounter for disability determination	ICD10CM
Z02.82	Encounter for adoption services	ICD10CM
Z76.1	Encounter for health supervision and care of foundling	ICD10CM
Z76.2	Encounter for health supervision and care of other healthy infant and child	ICD10CM

5. Well-child visits in the third, fourth, fifth, and sixth years of life (W34)

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

Measure source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Specifications

- Administrative data only
- At least one well-child visit (Table 6) with a PCP during the measurement year. The PCP does not have to be the child's assigned PCP.

Table 6

Code	Definition	Code System
99381	Initial preventive medicine new patient <1year	CPT
99382	Initial preventive medicine new pt age 1-4 yrs	CPT
99383	Initial preventive medicine new pt age 5-11 yrs	CPT
99384	Initial preventive medicine new pt age 12-17 yrs	CPT
99385	Initial preventive medicine new pt age 18-39 yrs	CPT
99391	Periodic preventive med established patient <1y	CPT
99392	Periodic preventive med est patient 1-4yrs	CPT
99393	Periodic preventive med est patient 5-11yrs	CPT
99394	Periodic preventive med est patient 12-17yrs	CPT
99395	Periodic preventive med est patient 18-39 yrs	CPT
99461	INIT NEWBORN EM PER DAY NON-FAC	CPT
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit (G0438)	HCPCS
G0439	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit (G0439)	HCPCS
Z00.110	Health examination for newborn under 8 days old	ICD10CM
Z00.111	Health examination for newborn 8 to 28 days old	ICD10CM
Z00.121	Encounter for routine child health examination with abnormal findings	ICD10CM
Z00.129	Encounter for routine child health examination without abnormal findings	ICD10CM
Z00.5	Health examination for newborn under 8 days old	ICD10CM
Z00.8	Encounter for other general examination	ICD10CM
Z02.0	Encounter for examination for admission to educational institution	ICD10CM
Z02.1	Encounter for pre-employment examination	ICD10CM
Z02.2	Encounter for admission into a residential institution	ICD10CM

Code	Definition	Code System
Z02.6	Encounter for examination for insurance purposes	ICD10CM
Z02.71	Encounter for disability determination	ICD10CM
Z02.79	Encounter for issue of other medical certificate	ICD10CM
Z02.81	Encounter for paternity testing	ICD10CM
Z02.82	Encounter for adoption services	ICD10CM
Z02.83	Encounter for blood-alcohol and blood-drug test	ICD10CM
Z02.89	Encounter for other administrative examinations	ICD10CM
Z02.9	Encounter for other administrative examinations, unspecified	ICD10CM

6. Adolescent well-care visits (AWC)

Measure
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.

Measure source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Specifications

- Administrative data only
- At least one comprehensive well-care visit (Table 7) with a PCP or an OB/GYN provider during the measurement year
- The PCP or OB/GYN does not have to be the member's assigned PCP
- Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to the assessment or treatment of an acute or chronic condition do not count toward the measure

Table 7

Code	Definition	Code System
99381	Initial preventive medicine new patient <1year	CPT
99382	Initial preventive medicine new pt age 1-4 yrs	CPT
99383	Initial preventive medicine new pt age 5-11 yrs	CPT
99384	Initial preventive medicine new pt age 12-17 yrs	CPT
99385	Initial preventive medicine new pt age 18-39 yrs	CPT
99391	Periodic preventive med established patient <1y	CPT
99392	Periodic preventive med est patient 1-4yrs	CPT
99393	Periodic preventive med est patient 5-11yrs	CPT
99394	Periodic preventive med est patient 12-17yrs	CPT
99395	Periodic preventive med est patient 18-39 yrs	CPT
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit (G0438)	HCPCS
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit (G0439)	HCPCS
Z00.00	Encounter for general adult medical examination without abnormal findings	ICD10CM
Z00.01	Encounter for general adult medical examination with abnormal findings	ICD10CM
Z00.110	Health examination for newborn under 8 days old	ICD10CM
Z00.111	Health examination for newborn 8 to 28 days old	ICD10CM
Z00.121	Encounter for routine child health examination with abnormal findings	ICD10CM
Z00.129	Encounter for routine child health examination without abnormal findings	ICD10CM

Code	Definition	Code System
Z00.5	Encounter for examination of potential donor of organ and tissue	ICD10CM
Z00.8	Encounter for other general examination	ICD10CM
Z02.0	Encounter for examination for admission to educational institution	ICD10CM
Z02.1	Encounter for pre-employment examination	ICD10CM
Z02.2	Encounter for examination for admission to residential institution	ICD10CM
Z02.3	Encounter for examination for recruitment to armed forces	ICD10CM
Z02.4	Encounter for examination for driving license	ICD10CM
Z02.5	Encounter for examination for participation in sport	ICD10CM
Z02.6	Encounter for examination for insurance purposes	ICD10CM
Z02.71	Encounter for disability determination	ICD10CM
Z02.82	Encounter for adoption services	ICD10CM
Z76.1	Encounter for health supervision and care of foundling	ICD10CM
Z76.2	Encounter for health supervision and care of other healthy infant and child	ICD10CM

7. Adult BMI assessment (ABA)

Measure
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.

Measure source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Specifications

- Administrative data (includes supplemental data)
- Supplemental data must include BMI and/or BMI percentile
- Anchor date is December 31 of the measurement year
- Include members who had an outpatient visit (Table 10) during the measurement year or the year prior to the measurement year
- For members 20 years of age or older on the date of service, BMI (Table 8) during the measurement year or the year prior to the measurement year
- For members younger than 20 years of age on the date of service, BMI percentile (Table 9) during the measurement year, or the year prior to the measurement year

Table 8

Code	Definition	Code System
Z68.1	Body mass index (BMI) 19.9 or less, adult	ICD10CM
Z68.20	Body mass index (BMI) 20.0-20.9, adult	ICD10CM
Z68.21	Body mass index (BMI) 21.0-21.9, adult	ICD10CM
Z68.22	Body mass index (BMI) 22.0-22.9, adult	ICD10CM
Z68.23	Body mass index (BMI) 23.0-23.9, adult	ICD10CM
Z68.24	Body mass index (BMI) 24.0-24.9, adult	ICD10CM
Z68.25	Body mass index (BMI) 25.0-25.9, adult	ICD10CM
Z68.26	Body mass index (BMI) 26.0-26.9, adult	ICD10CM
Z68.27	Body mass index (BMI) 27.0-27.9, adult	ICD10CM
Z68.28	Body mass index (BMI) 28.0-28.9, adult	ICD10CM
Z68.29	Body mass index (BMI) 29.0-29.9, adult	ICD10CM
Z68.30	Body mass index (BMI) 30.0-30.9, adult	ICD10CM
Z68.31	Body mass index (BMI) 31.0-31.9, adult	ICD10CM
Z68.32	Body mass index (BMI) 32.0-32.9, adult	ICD10CM
Z68.33	Body mass index (BMI) 33.0-33.9, adult	ICD10CM
Z68.34	Body mass index (BMI) 34.0-34.9, adult	ICD10CM
Z68.35	Body mass index (BMI) 35.0-35.9, adult	ICD10CM
Z68.36	Body mass index (BMI) 36.0-36.9, adult	ICD10CM
Z68.37	Body mass index (BMI) 37.0-37.9, adult	ICD10CM
Z68.38	Body mass index (BMI) 38.0-38.9, adult	ICD10CM
Z68.39	Body mass index (BMI) 39.0-39.9, adult	ICD10CM
Z68.41	Body mass index (BMI) 40.0-44.9, adult	ICD10CM
Z68.42	Body mass index (BMI) 45.0-49.9, adult	ICD10CM
Z68.43	Body mass index (BMI) 50-59.9, adult	ICD10CM
Z68.44	Body mass index (BMI) 60.0-69.9, adult	ICD10CM
Z68.45	Body mass index (BMI) 70 or greater, adult	ICD10CM

Santa Clara Family Health Plan™

Table 9

Code	Definition	Code System
Z68.51	Body mass index (BMI) pediatric, less than 5th percentile for age	ICD10CM
Z68.52	Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age	ICD10CM
Z68.53	Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age	ICD10CM
Z68.54	Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age	ICD10CM
59574-4	Body mass index (BMI) [Percentile]	LOINC
59575-1	Body mass index (BMI) [Percentile] Per age	LOINC
59576-9	Body mass index (BMI) [Percentile] Per age and sex	LOINC

Table 10

Code	Definition	Code System
99201	Office outpatient visit – New patient Problem focused –	CPT
99202	Office outpatient visit – New patient- Expanded Problem focused,	CPT
99203	Office outpatient visit new patient - detailed	CPT
99204	Office outpatient visit new patient – comprehensive	CPT
99205	Office outpatient visit new patient – high complexity	CPT
99211	Office outpatient visit – established patient – problem focused	CPT
99212	Office outpatient visit – established patient – expanded problem focused	CPT
99213	Office outpatient visit – established patient, Detailed	CPT
99214	Office outpatient visit – established patient, moderate complexity	CPT
99215	Office outpatient visit – established patient, high complexity	CPT
99241	New or Established Patient Office or Other Outpatient Consultation Services	CPT
99242	New or Established Patient Office or Other Outpatient Consultation Services	CPT
99243	New or Established Patient Office or Other Outpatient Consultation Services	CPT
99245	New or Established Patient Office or Other Outpatient Consultation Services	CPT
99341	Home Service – new patient	CPT
99342	Home Service – new patient	CPT
99343	Home Service – new patient	CPT
99344	Home Service – new patient	CPT
99345	Home Service – new patient	CPT
99347	Home Service – established patient	CPT
99348	Home Service – established patient	CPT
99349	Home Service – established patient	CPT
99350	Home Service – established patient	CPT

Code	Definition	Code System
99381	Preventative Medicine Services – new patient	CPT
99382	Preventative Medicine Services – new patient	CPT
99383	Preventative Medicine Services – new patient	CPT
99384	Preventative Medicine Services – new patient	CPT
99385	Preventative Medicine Services – new patient	CPT
99386	Preventative Medicine Services – new patient	CPT
99387	Preventative Medicine Services – new patient	CPT
99391	Preventative Medicine Services – established patient	CPT
99392	Preventative Medicine Services – established patient	CPT
99393	Preventative Medicine Services – established patient	CPT
99394	Preventative Medicine Services – established patient	CPT
99395	Preventative Medicine Services – established patient	CPT
99396	Preventative Medicine Services – established patient	CPT
99397	Preventative Medicine Services – established patient	CPT
99401	Preventive Medicine, Individual Counseling Services	CPT
99402	Preventive Medicine, Individual Counseling Services	CPT
99403	Preventive Medicine, Individual Counseling Services	CPT
99404	Preventive Medicine, Individual Counseling Services	CPT
99411	Preventive Medicine, Group Counseling Services	CPT
99412	Preventive Medicine, Group Counseling Services	CPT
99429	Other preventive medicine services	CPT
99455	Work Related or Medical Disability Evaluation Services	CPT
99456	Work Related or Medical Disability Evaluation Services	CPT
99483	Cognitive Assessment and Care Plan Services	CPT
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	HCPCS
G0438	Annual wellness visit; includes a personalized prevention plan of service, initial visit	HCPCS
G0439	Annual wellness visit; includes a personalized prevention plan of service, subsequent visit	HCPCS
G0463	Hospital outpatient clinic visit for assessment and management of a patient	HCPCS
T1015	Clinic visit/encounter, all-inclusive	HCPCS

8. Asthma medication ratio (AMR)

Measure
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.

Measure source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Specifications

- Administrative data only
- The number of members who have a medication ratio of 0.50 or greater during the measurement year

Follow the steps below to identify the numerator:

Step 1: For each member, count the units of asthma controller medications (Table 11) dispensed during the measurement year.

Step 2: For each member, count the units of asthma reliever medications (Table 12) dispensed during the measurement year.

Step 3: For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.

Step 4: For each member, calculate the ratio of controller medications to total asthma medications using the following formula. Round (using the .5 rule) to the nearest whole number.
Units of controller medications (step 1) / Units of total asthma medications (step 3)

Step 5: Sum the total number of members who have a ratio of 0.50 or greater in step 4.

Table 11: Asthma controller medications table

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

Description	Prescriptions	Medication Lists	Route
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
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

Table 12: 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

Santa Clara Family Health Plan™

9. Chlamydia screening in women (CHL): total

Measure
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 source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Specifications

- Administrative data only
- Sexual active members with at least one test for chlamydia (Table 13).

Table 13

Code	Definition	Code System
87110	Culture, chlamydia, any source	CPT
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	CPT
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	CPT
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	CPT
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	CPT
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	CPT
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	CPT
14463-4	Chlamydia trachomatis [Presence] in Cervix by Organism specific culture	LOINC
14464-2	Chlamydia trachomatis [Presence] in Vaginal fluid by Organism specific culture	LOINC
14467-5	Chlamydia trachomatis [Presence] in Urine sediment by Organism specific culture	LOINC
14474-1	Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunoassay	LOINC
14513-6	Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunofluorescence	LOINC
16600-9	Chlamydia trachomatis rRNA [Presence] in Genital specimen by Probe	LOINC
21190-4	Chlamydia trachomatis DNA [Presence] in Cervix by NAA with probe detection	LOINC

Code	Definition	Code System
21191-2	Chlamydia trachomatis DNA [Presence] in Urethra by NAA with probe detection	LOINC
21613-5	Chlamydia trachomatis DNA [Presence] in Unspecified	LOINC
	specimen by NAA with probe detection	
23838-6	Chlamydia trachomatis rRNA [Presence] in Genital fluid by Probe	LOINC
31775-0	Chlamydia trachomatis Ag [Presence] in Urine sediment	LOINC
31777-6	Chlamydia trachomatis Ag [Presence] in Unspecified specimen	LOINC
36902-5	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Unspecified specimen by NAA with probe detection	LOINC
36903-3	Chlamydia trachomatis and Neisseria gonorrhoeae DNA [Identifier] in Unspecified specimen by NAA with probe detection	LOINC
42931-6	Chlamydia trachomatis rRNA [Presence] in Urine by NAA with probe detection	LOINC
43304-5	Chlamydia trachomatis rRNA [Presence] in Unspecified specimen by NAA with probe detection	LOINC
43404-3	Chlamydia trachomatis DNA [Presence] in Unspecified specimen by Probe with signal amplification	LOINC
43405-0	Chlamydia trachomatis and Neisseria gonorrhoeae DNA [Identifier] in Unspecified specimen by Probe with signal amplification	LOINC
43406-8	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Unspecified specimen by Probe with signal amplification	LOINC
44806-8	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Urine by NAA with probe detection	LOINC
44807-6	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Genital specimen by NAA with probe detection	LOINC
45068-4	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Cervix by NAA with probe detection	LOINC
45069-2	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Genital specimen by Probe	LOINC
45075-9	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urethra by Probe	LOINC
45076-7	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Unspecified specimen by Probe	LOINC
45084-1	Chlamydia trachomatis DNA [Presence] in Vaginal fluid by NAA with probe detection	LOINC
45091-6	Chlamydia trachomatis Ag [Presence] in Genital specimen	LOINC
45095-7	Chlamydia trachomatis [Presence] in Genital specimen by Organism specific culture	LOINC
45098-1	Chlamydia sp identified in Cervix by Organism specific culture	LOINC
45100-5	Chlamydia sp identified in Vaginal fluid by Organism specific culture	LOINC
47211-8	Chlamydia trachomatis L2 DNA [Presence] in Unspecified specimen by NAA with probe detection	LOINC
47212-6	Chlamydia trachomatis DNA [Identifier] in Unspecified specimen by NAA with probe detection	LOINC

Code	Definition	Code System
49096-1	Chlamydia trachomatis DNA [Units/volume] in Unspecified specimen by NAA with probe detection	LOINC
4993-2	Chlamydia trachomatis rRNA [Presence] in Unspecified	LOINC
	specimen by Probe	
50387-0	Chlamydia trachomatis rRNA [Presence] in Cervix by NAA with probe detection	LOINC
53925-4	Chlamydia trachomatis rRNA [Presence] in Urethra by NAA with probe detection	LOINC
53926-2	Chlamydia trachomatis rRNA [Presence] in Vaginal fluid by NAA with probe detection	LOINC
557-9	Chlamydia sp identified in Genital specimen by Organism specific culture	LOINC
560-3	Chlamydia sp identified in Unspecified specimen by Organism specific culture	LOINC
6349-5	Chlamydia trachomatis [Presence] in Unspecified specimen by Organism specific culture	LOINC
6354-5	Chlamydia trachomatis Ag [Presence] in Unspecified specimen by Immunoassay	LOINC
6355-2	Chlamydia trachomatis Ag [Presence] in Unspecified specimen by Immunofluorescence	LOINC
6356-0	Chlamydia trachomatis DNA [Presence] in Genital specimen by NAA with probe detection	LOINC
6357-8	Chlamydia trachomatis DNA [Presence] in Urine by NAA with probe detection	LOINC
80360-1	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urine by NAA with probe detection	LOINC
80361-9	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Cervix by NAA with probe detection	LOINC
80362-7	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Vaginal fluid by NAA with probe detection	LOINC
91860-7	Chlamydia trachomatis Ag [Presence] in Genital specimen by Immunofluorenscence	LOINC

10. Comprehensive diabetes care (CDC): HbA1c poor control

Measure
The percentage of members 18–75 years of age with diabetes (Type 1 and Type 2) who had a Hemoglobin A1c (HbA1c) test performed during the measurement year and had A1c Poor Control.

A lower rate indicates better compliance for this measure.

Measure source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Specifications

- Administrative data (includes supplemental data)
- An HbA1c test (Table 14) performed during the measurement year

Table 14

Code	Code Description	Code System
83036	Hemoglobin; glycosylated (A1C)	CPT
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	CPT
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	CPT-CAT-II
3045F	Most recent hemoglobin A1c (HbA1c) level 7.0-9.0% (DM)	CPT-CAT-II
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)	CPT-CAT-II
3051F	Most recent hemoglobin A1c level greater than or equal to 7.0% and less than 8.0% 7.0% and less	CPT-CAT-II
3052F	Most recent hemoglobin A1c level greater than or equal to 8.0% and less than 9.0% 7.0% and less	CPT-CAT-II
17856-6	Hemoglobin A1c/Hemoglobin; total in Blood by HPLC	LOINC
4548-4	Hemoglobin A1c/Hemoglobin; total in Blood	LOINC
4549-2	Hemoglobin A1c/Hemoglobin; total in Blood by Electrophoresis	LOINC

11. Controlling high blood pressure (CBP)

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

Measure source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Specification

- Administrative data only (includes supplemental data)
- Supplemental data must include BP value
- Use automated data to identify the most recent BP reading (Table 16) taken during an outpatient visit (Table 15), a non-acute inpatient encounter, or remote monitoring event during the measurement year
- The BP reading must occur on or after the date of the second diagnosis of hypertension
- If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is not controlled.

Table 15

Code	Definition	Code System
99201	Office outpatient visit – New patient Problem focused –	CPT
99202	Office outpatient visit – New patient- Expanded Problem focused,	CPT
99203	Office outpatient visit new patient - detailed	CPT
99204	Office outpatient visit new patient – comprehensive	CPT
99205	Office outpatient visit new patient – high complexity	CPT
99211	Office outpatient visit – established patient – problem focused	CPT
99212	Office outpatient visit – established patient – expanded problem focused	CPT
99213	Office outpatient visit – established patient, Detailed	CPT
99214	Office outpatient visit – established patient, moderate complexity	CPT
99215	Office outpatient visit – established patient, high complexity	CPT
99241	New or Established Patient Office or Other Outpatient Consultation Services	CPT
99242	New or Established Patient Office or Other Outpatient Consultation Services	CPT
99243	New or Established Patient Office or Other Outpatient Consultation Services	CPT
99244	New or Established Patient Office or Other Outpatient Consultation Services	CPT
99245	New or Established Patient Office or Other Outpatient Consultation Services	CPT
99341	Home Service – new patient	CPT

Code	Definition	Code System
99342	Home Service – new patient	CPT
99343	Home Service – new patient	CPT
99344	Home Service – new patient	CPT
99345	Home Service – new patient	CPT
99347	Home Service – established patient	CPT
99348	Home Service – established patient	CPT
99349	Home Service – established patient	CPT
99350	Home Service – established patient	CPT
99381	Preventative Medicine Services – new patient	CPT
99382	Preventative Medicine Services – new patient	CPT
99383	Preventative Medicine Services – new patient	CPT
99384	Preventative Medicine Services – new patient	CPT
99385	Preventative Medicine Services – new patient	CPT
99386	Preventative Medicine Services – new patient	CPT
99387	Preventative Medicine Services – new patient	CPT
99391	Preventative Medicine Services – established patient	CPT
99392	Preventative Medicine Services – established patient	CPT
99393	Preventative Medicine Services – established patient	CPT
99394	Preventative Medicine Services – established patient	CPT
99395	Preventative Medicine Services – established patient	CPT
99396	Preventative Medicine Services – established patient	CPT
99397	Preventative Medicine Services – established patient	CPT
99401	Preventive Medicine, Individual Counseling Services	CPT
99402	Preventive Medicine, Individual Counseling Services	CPT
99403	Preventive Medicine, Individual Counseling Services	CPT
99404	Preventive Medicine, Individual Counseling Services	CPT
99411	Preventive Medicine, Group Counseling Services	CPT
99412	Preventive Medicine, Group Counseling Services	CPT
99429	Other preventive medicine services	CPT
99455	Work Related or Medical Disability Evaluation Services	CPT
99456	Work Related or Medical Disability Evaluation Services	CPT
99483	Cognitive Assessment and Care Plan Services	CPT
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	HCPCS
G0438	Annual wellness visit; includes a personalized prevention plan of service, initial visit	HCPCS
G0439	Annual wellness visit; includes a personalized prevention plan of service, subsequent visit	HCPCS
G0463	Hospital outpatient clinic visit for assessment and management of a patient	HCPCS
T1015	Clinic visit/encounter, all-inclusive	HCPCS

Table 16 – Diastolic and Systolic codes

Code	Code Description	Code System
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	CPT-CAT-II
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	CPT-CAT-II
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	CPT-CAT-II
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	CPT-CAT-II
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)	CPT-CAT-II
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM),(HTN, CKD, CAD)	CPT-CAT-II

12. Prenatal & postpartum care (PPC): timeliness of prenatal care

Measure
The percentage of deliveries that received a prenatal care visit as a member of SCFHP in the first trimester, on the enrollment start date or within 42 days of enrollment in SCFHP.

Measure source
NCQA/HEDIS

Membership
Medi-Cal, non-dual

Specification

- Administrative data only
- Delivery date between 10/8/2019 and 10/7/2020
- A prenatal visit in the first trimester, on the enrollment start date or within 42 days of enrollment, depending on the date of enrollment in SCFHP and the gaps in enrollment during the pregnancy

Follow the steps below to identify the numerator:

Step 1: Identify women whose last enrollment segment started before, on or between 280 and 219 days before delivery (or EDD).

These women must have a prenatal visit during the first trimester.

Step 2: Identify women whose last enrollment segment started less than 219 days before delivery (or EDD).

These women must have a prenatal visit any time during the period that begins 280 days prior to delivery and ends 42 days after enrollment start date. Do not count visits that occur on the date of delivery.

Step 3: Identify prenatal visits that occurred during the required timeframe (the time frame identified in step 1 or 2). Any of the following, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP, meet criteria for a prenatal visit:

- A bundled service (Table 17) where the organization can identify the date when prenatal care was initiated (because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated)
- A visit for prenatal care (Table 18)
- A prenatal visit (Table 19) **with** a pregnancy-related diagnosis code

Table 17

Code	Code Description	Code System
59400	Vaginal Delivery, Antepartum and Postpartum Care Procedures	CPT
59425	Vaginal Delivery, Antepartum and Postpartum Care Procedures	CPT
59426	Vaginal Delivery, Antepartum and Postpartum Care Procedures	CPT
59510	Cesarean delivery procedures	CPT
59610	Delivery Procedures After Previous Cesarean Delivery	CPT
59618	Delivery Procedures After Previous Cesarean Delivery	CPT
H1005	Prenatal care, at-risk enhanced service package	HCPCS

Santa Clara Family Health Plan™

Table 18

Code	Code Description	Code System
99500	Home Health Procedures and Services	CPT
0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)	CPT-CAT-II
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)	CPT-CAT-II
0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]	CPT-CAT-II
H1000	Prenatal care, at-risk assessment	HCPCS
H1001	Prenatal care, at-risk enhanced service; antepartum management	HCPCS
H1002	Prenatal care, at risk enhanced service; care coordination	HCPCS
H1003	Prenatal care, at-risk enhanced service; education	HCPCS
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	HCPCS

Table 19

Code	Code Description	Code System
99201	Office or other outpatient visit for the evaluation and management of a new patient	CPT
99202	Office or other outpatient visit for the evaluation and management of a new patient	CPT
99203	Office or other outpatient visit for the evaluation and management of a new patient	CPT
99204	Office or other outpatient visit for the evaluation and management of a new patient	CPT
99205	Office or other outpatient visit for the evaluation and management of a new patient	CPT
99211	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99212	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99213	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99214	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99215	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99241	Office consultation for a new or established patient	CPT

Code	Code Description	Code System
99242	Office consultation for a new or established patient	CPT
99243	Office consultation for a new or established patient	CPT
99244	Office consultation for a new or established patient	CPT
99245	Office consultation for a new or established patient	CPT
99483	Assessment of and care planning for a patient with cognitive impairment	CPT
G0463	Hospital outpatient clinic visit for assessment and management of a patient (G0463)	HCPCS
T1015	Clinic visit/encounter, all-inclusive (T1015)	HCPCS

13. Encounter data timeliness

Measure
Percentage of encounters submitted within 75 days from date of service.

Measure source
DHCS

Membership
This measure applies to all encounters for capitated services submitted for any assigned member regardless of line of business. The measure is based on encounter submission date in relation to the date of service.

Specifications

- In order to earn any points for the measure, a minimum rate of one encounter per member per year must be met. No points will be awarded if the threshold is not met. The formula is:

  ((Total Encounters)／(Sum of Member Months))*12

- Timeliness is measured by determining the percentage of encounter claims submitted within 75 days from the date of service
- The measure is reported measurement year to date