Molina Healthcare of Wisconsin
Provider Guide to

# HEDIS, Risk Adjustment and Quality Improvement

MolinaHealthcare.com

MOLINA® HEALTHCARE

Your Extended Family.

# Contents

# Welcome

This Molina Healthcare of Wisconsin Provider Guide to HEDIS®, Risk Adjustment and Quality Improvement was developed by Molina Healthcare to provide access to key information on how Centers for Medicare and Medicaid Services (CMS) evaluates health insurance plans and issues star ratings each year, in addition, to coding guides to help ensure you're sending complete claims and are paid for all the services you provide. Additionally, it encompasses information on Healthcare Effective Data Information Set Measures (HEDIS®), HEDIS® Tip Sheets, Medicare Stars, Pregnancy Rewards, Health Outcomes Survey (HOS), HOS Tip Sheets, Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS®), Risk Adjustment, Molina Healthcare Annual Comprehensive Exam Program, Hierarchical Condition Category (HCC) Pearls, and the Hypertension Provider Tool Kit.

## What are the benefits?

The value of improving performance is well worth the investment for the health plan, its members and its providers.

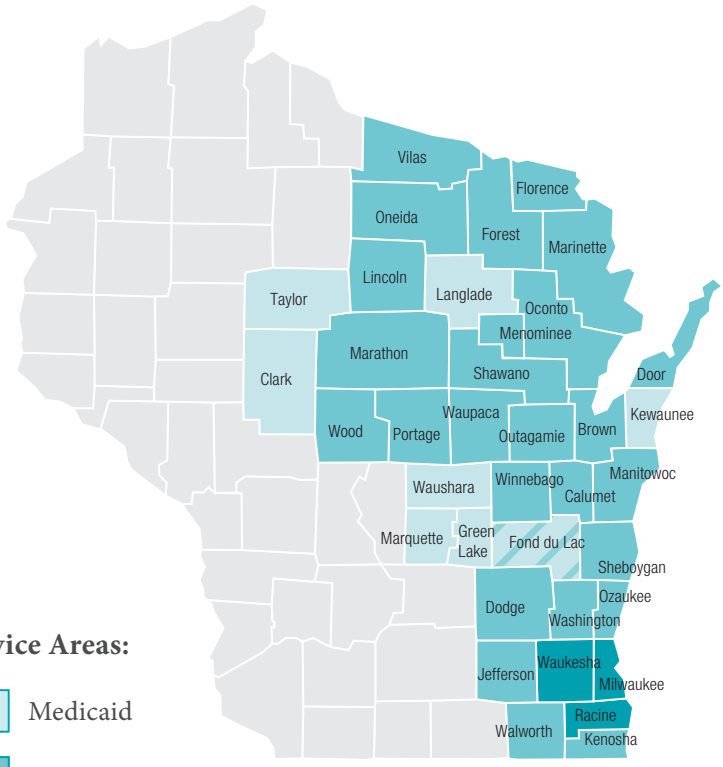
| Benefits to Members | Benefits to Providers | Benefits to the Health Plan |
|---|---|---|
| Member receives quality care that leads to positive health outcomes | Improved quality of care and health outcomes | Improved quality of care and health outcomes |
| Greater health plan focus on access to care | Encourages guideline concordant care | Improved provider relations |
| Improved relations with their doctors | Improved patient relations and health plan relations | Improved member relations |
| Increased levels of customer service | Increased awareness of patient safety issues | Process Improvement |
| Early detection of disease and health care that meets their individual needs | Greater focus on preventive medicine and early disease detection | Key component in financing healthcare benefits for plan enrollees |

Molina Healthcare also offers Care Management services to our members as an opportunity to assist members in coordinating services throughout the continuum of care. The care manager acts as a central point of contact and is responsible for bringing the member, their caregivers and health care providers together to coordinate communication and service delivery. From this they create an individualized care plan based upon member goals and preferences.

# Molina Healthcare of Wisconsin

Established 2004*

Molina Healthcare of Wisconsin provides government-funded care for low-income individuals. Our mission is to bring high-quality and cost-effective health care to kids, adults, seniors, families and people with disabilities. As of December 2015, the company serves approximately 98,000 members through Medicaid, Medicare and Health Insurance Marketplace programs across the eastern half of the state.




**Service Areas:**

- Medicaid
- Medicaid and Health Insurance Exchange
- Health Insurance Exchange
- Medicaid, Medicare and Health Insurance Exchange

## Health Plan Leadership

Scott Johnson, Plan President
Raymond Zastrow, Chief Medical Officer

## Molina Healthcare Corporate Facts

**Total Membership:** 3,533,000**
**Health Plans:** CA, FL, IL, MI, NM, OH, PR, SC, TX, UT, WA, WI
**Primary Care Clinics:** 25

- More than three decades of service and experience
- FORTUNE 500 company

*Abri Health Plan welcomed its first member in 2004; Molina purchased Abri Health Plan in 2010

## Key Health Plan Facts

**Membership:** 98,000**
**Employees:** 256

### Lines of Business

- Medicaid
  - BadgerCare Plus (BC+)
  - Supplemental Security Income (SSI)
  - Childless Adults
- Medicare
  - Molina Medicare Options Plus (HMO SNP)
- Health Insurance Exchange
  - Molina Marketplace (MP)

### Provider Network

- Primary care physicians - 3,029
- Ancillary / Specialist physicians - 12,551
- Hospitals - 99
- Urgent Care / Walk-in Clinics - 494

### Recognition

2014 & 2015 Top Workplaces - *Milwaukee Journal Sentinel*

2014 & 2015 CDC National Diabetes Prevention Program Partner

## Recent News:

- **June 2015** Molina Healthcare of Wisconsin expands Medicaid services into Calumet County
- **May 2015** Molina Healthcare of Wisconsin is recognized for the second year in a row as a Top Workplace by the *Milwaukee Journal Sentinel*
- **October 2014** Molina Healthcare of Wisconsin receives authorization to continue participation in the Health Insurance Marketplace in 2015 with expansion into 6 additional counties
- **May 2014** Molina Healthcare of Wisconsin receives approval to continue offering Medicare services in Milwaukee County for 2015 with expansion into Racine and Waukesha counties

# The Molina Healthcare Story

## Three Decades of Delivering Access to Quality Care

Molina Healthcare was founded more than 35 years ago by Dr. C. David Molina, an emergency room physician. Dr. Molina opened his first medical clinic to serve the patients he frequently treated in the ER simply because they did not have their own primary care doctor.

From that clinic, Molina Healthcare continued to grow for the next three decades to become what it is now—a national health care company that provides care through government-sponsored programs across the country. We have evolved over the years, but the mission has remained the same—providing those most in need with access to high-quality health care services. This mission is carried out today by our founder's children. Dr. J. Mario Molina heads up the company as its CEO and president, continuing Molina Healthcare's distinctive legacy as a physician-led organization. John Molina serves as the CFO and Dr. Martha Molina Bernadett leads the company as an executive vice president. It is our story that makes us proud to call ourselves an extended family to the members, partners and communities we serve.

Today, Molina Healthcare serves the diverse needs of members across the United States through programs such as Medicaid, Medicare and the Health Insurance Marketplace. We also offer health information management and business process outsourcing solutions for state Medicaid programs through our subsidiary, Molina Medicaid Solutions. Additionally, we continue to expand our primary care clinics across the country through Molina Medical.

## Facts about Molina Healthcare

- Molina Healthcare is a national leader in quality with the majority of its health plans accredited by the National Committee for Quality Assurance (NCQA).
- Molina Healthcare has been ranked among America's top 100 Medicaid plans by NCQA for nine consecutive years (2005-2014).
- Molina Healthcare was established by a physician and remains a physician-led organization.
- Molina Healthcare is a leader in establishing cultural and linguistics services that help medical practitioners and employees understand how patients' cultural backgrounds affect their approach to health care.
- Molina Healthcare is committed to giving back to support the communities we serve. The Molina Helping Hands employee volunteer program and Community Champions Awards recognize and affirm the contributions of everyday community heroes.
- Molina Healthcare serves the diverse health care needs of nearly 4 million members across the nation through licensed, quality-focused health plans.



MOLINA®

# Glossary

Below is a list of definitions used in this manual.

**Administrative Data**- Evidence of service taken from claims, encounters, lab or pharmacy data.

**Consumer Assessment of Healthcare Providers and Systems (CAHPS®)**- the CAHPS® Program is overseen by the Agency for Healthcare Research and Quality (AHRQ) and includes a number of survey products designed to capture consumer experience across different levels of the health care system.

**Denominator**- A systematic sample drawn from the eligible population.

**Exclusion**- Member becomes in-eligible and removed from the sample based on specific criteria, e.g. incorrect gender, age, etc.

**Healthcare Effectiveness Data and Information Set (HEDIS®) –** the Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS® was designed to allow consumers to compare health plan performance to the other plans and to national or regional benchmarks.

**HEDIS® Measure Key**- the 3 letter acronym that NCQA uses to identify a specific measure.

**Health Outcomes Survey (HOS)**- is the first patient-reported outcomes measure used in Medicare managed care. It is a 2-year longitudinal survey that collects the member's perception of their health. It is a requirement of Centers for Medicare and Medicaid Services (CMS) to administer this survey annually. It is sent to a random sample of Medicare Members.

**Hierarchical Condition Category (HCC) Pearls**- Hierarchical Condition Category Pearls are concise tips for easily and effectively identifying, coding, and documenting the status of your patients, according to the rules of the Centers for Medicare and Medicaid Services (CMS).

**Hybrid**- Evidence of services taken from the patient's medical record.

**Measure**- A quantifiable clinical service provided to patients to assess how effective the organization carries out specific quality functions or process.

**Measurement Year**- The year that an organization evaluates HEDIS® measures, often referred to as the "data year." Also the year prior to the HEDIS® reporting year; for example HEDIS® reporting year 2015 is based on measurement year 2014 (January 1-December 31, 2014).

**National Committee for Quality Assurance (NCQA)**- a private, 501(c) (3) not-for-profit organization dedicated to improving health care quality.

**Numerator**- Number of members compliant with the measure.

**Risk Adjustment**- is a process in which Centers for Medicare and Medicaid Services (CMS) uses health status information gathered from providers and health plans as well as demographic information to access the health status of a member.

**Star Ratings-** is a consumer-facing "Five Star Program" to help beneficiaries compare quality among health plans. (5=best)

**Supplemental Data-** Evidence of service found data source other than claims, encounters, lab or pharmacy data. All supplemental data may be subject to audit.

# Healthcare Effectiveness Data and Information Set (HEDIS®)

The Healthcare Effectiveness Data Information Set (HEDIS®) is a tool created by the National Committee on Quality Assurance (NCQA) to measure the performance of health plans on the quality of care and service provided to their members. Since 1993, HEDIS® is the National Committee for Quality Assurance's (NCQA's) definitive tool for health quality measurement. NCQA uses HEDIS® results to accredit and rate health plans annually.

Molina uses HEDIS® results to identify areas where we can focus our improvement efforts. In partnership with our providers we continually work towards enhancing the quality of care received by our members.

**The HEDIS® tool consists of 83 measures across five domains of care:**

1. Effectiveness of Care (50 measures)
2. Access/Availability of Care (7 measures)
3. Experience of Care (3 measures)
4. Utilization and Relative Resource use (16 measures)
5. Health Plan Descriptive Information (7 measures)

**There are three methods of HEDIS® data collection:**

1. **Administrative:** Claims, Member Enrollment, Pharmacy, Lab and Encounter Data (Transactional system data)
2. **Hybrid:** Administrative Data + Recorded Information in the medical record
3. **Surveys:**
   - Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS®)
   - Health Outcomes Survey (HOS)

If screenings are done in your office, thoroughly documenting and coding them helps assess quality care for HEDIS® measurements and allows us to assess appropriate programs to assist members with health conditions. The more accurately claims are coded, the fewer medical record reviews are needed for HEDIS® measurement. We may contact providers at any time to request medical records for auditing purposes as well as for specific interventions initiatives. HEDIS®, also, allows us to identify members with missing services and help them schedule appointments to see their primary care provider (PCP). Claims, member enrollment, credentialing, member and provider contact center all play an important role in maximizing our HEDIS® scores.

## Work with Molina Healthcare to improve your scores.

We are your partners in care and would like to assist you in improving your patients outcomes.

- **Use HEDIS® Needed Services Lists** that Molina Healthcare provides to identify patients who have gaps in care. If a patient calls for a sick visit, see if there are other needed services (e.g., well care visits, preventive

care services). Keep the needed services list by the receptionist's phone so the appropriate amount of time can be scheduled for all HEDIS® needed services when patients call for a sick visit.

- **Avoid missed opportunities.** Many patients may not return to the office for preventive care so make every visit count. Schedule follow-up visits before patients leave.
- **Improve office management processes and flow.** Review and evaluate appointment hours, access, and scheduling processes, billing and office/patient flow. We can help to streamline processes.
  - Review the next day's schedule at the end of each day.
  - Ensure the appropriate test equipment or specific employees are available for patient screenings or procedures.
  - Call patients 48 hours before their appointments to remind them about their appointment and anything they will need to bring. Ask them to make a commitment that they will be there. This will reduce no-show rates.
  - Train staff to manage routine questions from patients and to educate patients regarding tests and screenings that are due.
  - Use non-physicians for items that can be delegated. Also have them prepare the room for items needed.
  - Consider using an agenda setting tool to elicit patient's key concerns by asking them to prioritize their goals and questions. Molina Healthcare has a sample tool that you can use.
  - Provide an after visit summary to ensure patients understand what they need to do. This improves the patient's perception that there is good communication with their provider.
- **Take advantage of your electronic medical record (EMR).** If you have an EMR, try to build care gap "alerts" within the system.
- **Use HEDIS® specific billing codes when appropriate.** This will help reduce the number of medical records we are required to review in your office.

# HEDIS® Tips

The following reference guides contain the needed codes for HEDIS®

# HEDIS® Tips:
# Adherence to Antipsychotic Medications for Individuals with Schizophrenia

## MEASURE DESCRIPTION

The percentage of patients 19 to 64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

## USE CORRECT BILLING CODES

**Codes to Identify Schizophrenia**

| Description | Codes |
|---|---|
| Schizophrenia | **ICD-9CM:** 295.00-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.85, 295.90-295.95<br>***ICD-10CM:** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 |

**ICD-10 codes to be used on or after 10/1/2015*

**Codes to Identify Long-Acting Injections**

| Description | Codes |
|---|---|
| Long-Acting Injections | **HCPCS:** J2794, J0401, J1631, J2358, J2426, J2680 |

## ANTIPSYCHOTIC MEDICATIONS

| Description | Generic Name | Brand Name |
|---|---|---|
| **Miscellaneous antipsychotic agents** | Aripiprazole, Asenapine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurisadone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone | Abilify, Saphris, Clozaril, Haldol, Fanapt, Loxipac/Loxitane, Latuda, Moban, Zyprexa, Invega, Orap, Seroquel, Seroquel XR, Risperdal, Geodon |
| **Phenothiazine antipsychotics** | Chlorpromazine, Fluphenazine, Perphenazine, Perphenazine-amitriptyline, Prochlorperazine, Thioridazine, Trifluperazine | Thorazine, Prolixin, Trilafon, Etrafon, Compazine, Mellaril, Stelazine |
| **Psychotherapeutic combinations** | Fluoxetine-olanzapine | Symbyax |
| **Thioxanthenes** | Thiothixene | Navane |
| **Long-acting injections** | ***28 days supply***: Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate<br>***14 days supply***: Risperidone | Abilify Maintena, Prolixin, Haldol Decanoate INJ, Zyprexa Relprew, Invega Sustenna, Risperdal Consta |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Schedule appropriate follow-up with the patients to access if medication is taken as prescribed.
- ❑ Continue educating patients about the importance of adhering to their medication therapy and follow-up visits with their provider(s).
- ❑ Patients with at least six (6) chronic medications and at least three (3) qualifying diagnoses may be eligible for Medication Therapy Management (MTM) sessions. For additional information about MTM criteria and to request a referral, contact Health Care Services at your affiliated Molina Healthcare State plan.
- ❑ Do not rely on the patient to follow through with scheduling subsequent appointments. Routinely arrange the next appointment when the patient is in the office. If the patient misses a scheduled appointment, office staff should contact the patient to:
  - Assess why the appointment was missed
  - Reschedule the appointment and assess the possibility of a relapse
- ❑ Patients can be referred for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare State plan.

# HEDIS® Tips:
# Adolescent Well-Care Visit

## MEASURE DESCRIPTION

Patients 12-21 years of age who had one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.

Well-care visit consists of all of the following:

- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

## USING CORRECT BILLING CODES

| Description | Codes |
|---|---|
| Well-Care Visits | **CPT:** 99384, 99385, 99394, 99395<br>**HCPCS**: G0438, G0439<br>**ICD-9:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9<br>***ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-care visit, immunizations, and BMI value/percentile calculations.
- ❑ Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- ❑ Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/anticipatory guidance was given.
- ❑ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.


Updated 10/22/2015

# HEDIS® Tips:
# Adult BMI Assessment

## MEASURE DESCRIPTION

Adults 18–74 years of age who had an outpatient visit and whose body mass index (BMI) or BMI percentile (for patients younger than 20 years) was documented 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, documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year.

For patients younger than 20 years on the date of service, documentation in the medical record must indicate the height, weight and BMI percentile, dated during the measurement year or year prior to the measurement year. The following meets criteria for BMI percentile:

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

## USING CORRECT BILLING CODES

**Codes to Identify BMI**

| Description | ICD-9 Code | ICD-10 Code* |
|---|---|---|
| BMI <19, adult | V85.0 | |
| BMI 19 or less, adult | | Z68.1 |
| BMI between 19-24, adult | V85.1 | |
| BMI between 20-24, adult | | Z68.20-Z68.24 |
| BMI between 25-29, adult | V85.21-V85.25 | Z68.25-Z68.29 |
| BMI between 30-39.9, adult | V85.30-V85.39 | Z68.30-Z68.39 |
| BMI 40 and over, adult | V85.41-V85.45 | Z68.41- Z68.45 |
| BMI, pediatric, <5th percentile for age | V85.51 | Z68.51 |
| BMI, pediatric, 5th percentile to <85th percentile for age | V85.52 | Z68.52 |
| BMI, pediatric, 85th percentile to <95th percentile for age | V85.53 | Z68.53 |
| BMI, pediatric, ≥ 95th percentile for age | V85.54 | Z68.54 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Make BMI assessment part of the vital sign assessment at each visit.
- ❒ Use correct billing codes (decreases the need for us to request the medical record).
- ❒ Ensure proper documentation for BMI in the medical record with all components (i.e., date, weight, height, and BMI value). Provider signature must be on the same page.
- ❒ If on an EMR, update the EMR templates to automatically calculate a BMI.
- ❒ Place BMI charts near scales (ask Molina for copies).
- ❒ If not on an EMR, you can calculate the BMI here: http://www.cdc.gov/healthyweight/assessing/bmi/


Updated 10/21/2015

# HEDIS® Tips:
# Adults' Access to Preventive/Ambulatory Health Services

## MEASURE DESCRIPTION

Patients 20 years and older who had an ambulatory or preventive care visit during the measurement year.

## USING CORRECT BILLING CODES

**Codes to Identify Preventive/Ambulatory Health Services**

| Description | Codes |
|---|---|
| Ambulatory Visits | **CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429<br>**HCPCS:** G0402, G0438, G0439, G0463, T1015<br>**ICD-9:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9<br>**UB Rev**: 0510-0517, 0519-0523, 0526-0529, 0982-0983<br>***ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9 |
| Other Ambulatory Visits | **CPT:** 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337<br>**HCPCS**: S0620, S0621<br>**UB Rev**: 0524, 0525 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Use appropriate billing codes as described above.
- ❑ Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year.
- ❑ Contact patients on the needed services list who have not had a preventive or ambulatory health visit.
- ❑ Look into offering expanded office hours to increase access to care.
- ❑ Make reminder calls to patients who have appointments to decrease no-show rates.


Updated 8/14/2015

# HEDIS® Tips:
# Adults with Acute Bronchitis

## MEASURE DESCRIPTION

Adults 18-64 years of age diagnosed with acute bronchitis **should not** be dispensed an antibiotic within 3 days of the visit.

Note: Prescribing antibiotics for acute bronchitis is not indicated unless there is a comorbid diagnosis or a bacterial infection (examples listed on the right).

Only about 10% of cases of acute bronchitis are due to a bacterial infection, so in most cases antibiotics will not help.

## USING CORRECT BILLING CODES

**Codes to Identify Acute Bronchitis**

| Description | ICD-9 Code | *ICD-10 Code |
|---|---|---|
| Acute bronchitis | 466.0 | J20.3-J20.9 |

**Codes to Identify Most Common Comorbid Conditions**

| Description | ICD-9 Code | *ICD-10 Code |
|---|---|---|
| Chronic bronchitis | 491 | J41, J42 |
| Emphysema | 492 | J43, J98.2, J98.3 |
| COPD | 493.2, 496 | J44 |

**Codes to Identify Most Common Competing Diagnoses**

| Description | ICD-9 Code | *ICD-10 Code |
|---|---|---|
| Acute sinusitis | 461.8, 461.9 | J01.80, J01.90 |
| Otitis media | 382 | H66, H67 |
| Pharyngitis, streptococcal tonsillitis, or acute tonsillitis | 034.0, 462, 463 | J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Educate patients on comfort measures without antibiotics (e.g., extra fluids and rest).
- ❒ Discuss realistic expectations for recovery time (e.g., cough can last for 4 weeks without being “abnormal”).
- ❒ For patients insisting an antibiotic:
  - Give a brief explanation
  - Write a prescription for symptom relief instead of an antibiotic
  - Encourage follow-up in 3 days if symptoms do not get better
- ❒ Submit comorbid diagnosis codes if present on claim/encounter (see codes above).
- ❒ Submit competing diagnosis codes for bacterial infection if present on claim/encounter (see codes above).


Updated 8/14/2015



MOLINA HEALTHCARE

# HEDIS® Tips:
# Annual Dental Visit

## MEASURE DESCRIPTION

Patients 2–20 years of age who had at least one dental visit with a dental practitioner during the measurement year.

## USING CORRECT BILLING CODES

**Codes to Identify Annual Dental Visit**

| Description | Codes |
|---|---|
| Dental Visits | **CPT:** 70300, 70310, 70320, 70350, 70355<br><br>**HCPCS:** D0120, D0140, D0145, D0150-D0999, D1110-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D5994, D6010-D6205, D7111-D7999, D8010-D8999, D9110-D9999 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Use appropriate billing codes as described above.
- ❑ Remind patients of their dental benefits.
- ❑ Encourage regular check-up visits with a dentist that includes a physical examination, oral cleaning and x-rays.
- ❑ Help patients schedule an appointment to see a dentist.
- ❑ Provide appointment reminder calls or postcards to help ensure that patients do not miss appointments.
- ❑ Provide preventive services such as fluoride varnish application where appropriate.

# HEDIS® Tips:
# Annual Monitoring for Patients on Persistent Medications

## MEASURE DESCRIPTION

Adults 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

- *Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB):*

  Need either a lab panel test **or** a serum potassium test and a serum creatinine test

- *Annual monitoring for members on digoxin:*

  Need either a lab panel test and a serum digoxin text, **or** a serum potassium test and a serum creatinine test and a serum digoxin test

- *Annual monitoring for members on diuretics:*

  Need a lab panel test **or** a serum potassium test and a serum creatinine test

## USING CORRECT BILLING CODES

**Codes to Identify Therapeutic Monitoring**

| Description | CPT Codes |
|---|---|
| Lab Panel | 80047, 80048, 80050, 80053, 80069 |
| Serum Potassium | 80051, 84132 |
| Serum Creatinine | 82565, 82575 |
| Digoxin Level | 80162 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ When prescribing a new medication to your patient, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in the office.
- ❑ Schedule two more visits in the 5 months after the first 30 days to continue to monitor your patient's progress.
- ❑ If the patient has any issues with the medication, discuss different treatment options (if possible) or switch to an equivalent medication (e.g., ACE-I to ARB). Keep in mind that some medication exchanges between classes (e.g., ACE-I to calcium channel blocker in a diabetic patient) may be necessary in a few situations, but may not be generally recommended as routine practice.
- ❑ Ensure the patient is able to easily obtain the medication (i.e. mail order prescription, if needed).
- ❑ If medication causes side effects, educate the patient on how they might be able to alleviate the issue.


Updated 8/30/2015

# HEDIS® Tips:
# Antidepressant Medication Management

## MEASURE DESCRIPTION

The percentage of adults 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remain on an antidepressant medication treatment. Two rates are reported:

*Effective Acute Phase Treatment:* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). (Continuous treatment allows gaps in treatment up to a total of 30 days during the *Acute Phase*).

*Effective Continuation Phase Treatment:* The percentage members who remained on an antidepressant medication for at least 180 days (6 months). (Continuous treatment allows gaps in treatment up to a total of 51 days during the *Acute and Continuation Phases* combined).

## USING CORRECT BILLING CODES

**Codes to Identify Major Depression**

| Description | ICD-9 Codes | *ICD-10 Codes |
|---|---|---|
| Major Depression | 296.20-296.25, 296.30-296.35, 298.0, 311 | F32.0-F32.4, F32.9, F33.0-F33.3. F33.41, F33.9 |

*ICD-10 codes to be used on or after 10/1/15

## ANTIDEPRESSANT MEDICATIONS

| Description | Generic Name | Brand Name |
|---|---|---|
| Miscellaneous antidepressants | Buproprion<br>Vilazodone<br>Vortioxetine | Wellbutrin®; Zyban®<br>Viibryd®<br>Brintellix® |
| Phenylpiperazine antidepressants | Nefazodone<br>Trazodone | Serzone®<br>Desyrel® |
| Psycho-therapeutic combinations | Amitriptyline-chlordiazepoxide;<br>Amitriptyline-perphenazine;<br>Fluoxetine-olanzapine | Limbitrol®<br>Triavil®; Etrafon®<br>Symbax® |
| SNRI antidepressants | Desvenlafaxine<br>Levomilnacipran<br>Duloxetine<br>Venlafaxine | Pristiq®<br>Cymbalta®<br>Effexor® |
| SSRI antidepressants | Citalopram<br>Escitalopram<br>Fluoxetine<br>Fluvoxamine<br>Paroxetine<br>Sertraline | Celexa®<br>Lexapro®<br>Prozac®<br>Luvox®<br>Paxil®<br>Zoloft® |
| Tetracyclic antidepressants | Maprotiline<br>Mirtazapine | Ludiomil®<br>Remeron® |
| Tricyclic antidepressants | Amitriptyline<br>Amoxapine<br>Clomipramine<br>Desipramine<br>Doxepin (>6mg)<br>Imipramine<br>Nortriptyline<br>Protriptyline<br>Trimipramine | Elavil®<br>Asendin®<br>Anafranil®<br>Norpramin®<br>Sinequan®<br>Tofranil®<br>Pamelor®<br>Vivactil®<br>Surmontil® |
| Monoamine oxidase inhibitors | Isocarboxazid<br>Phenelzine<br>Selegiline<br>Tranylcypromine | Marplan®<br>Nardil®<br>Anipryl®; Emsam®<br>Parnate® |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Educate patients on the following:
  - ○ Depression is common and impacts 15.8 million adults in the United States.
  - ○ Most antidepressants take 1-6 weeks to work before the patient starts to feel better.
  - ○ In many cases, sleep and appetite improve first while improvement in mood, energy and negative thinking may take longer.
  - ○ The importance of staying on the antidepressant for a minimum of 6 months.
  - ○ Strategies for remembering to take the antidepressant on a daily basis.
  - ○ The connection between taking an antidepressant and signs and symptoms of improvement.
  - ○ Common side effects, how long the side effects may last and how to manage them.
  - ○ What to do if the patient has a crisis or has thoughts of self-harm.
  - ○ What to do if there are questions or concerns.
- ❑ Patients with at least six (6) chronic medications and at least three (3) qualifying diagnoses may be eligible for Medication Therapy Management (MTM) sessions. For additional information about MTM criteria and to request a referral, contact Health Care Services at your affiliated Molina Healthcare State plan.

# HEDIS® Tips:
# Appropriate Testing for Children with Pharyngitis

## MEASURE DESCRIPTION

Children 3-18 years of age diagnosed with pharyngitis and dispensed an antibiotic should have received a Group A strep test within 3 days prior to the diagnosis date through the 3 days after the diagnosis date.

## USING CORRECT BILLING CODES

**Codes to Identify Pharyngitis**

| Description | ICD-9 Codes | *ICD-10 Codes |
|---|---|---|
| Acute pharyngitis | 462 | J02.8, J02.9 |
| Acute tonsillitis | 463 | J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 |
| Streptococcal sore throat | 034.0 | J02.0 |

*ICD-10 codes to be used on or after 10/1/15

**Codes to Identify Strep Test**

| Description | CPT Codes |
|---|---|
| Strep Test | 87070, 87071, 87081, 87430, 87650-87652, 87880 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics. Submit this test to Molina Healthcare for payment if the State permits, or as a record that you performed the test. Use the codes above.
- ❑ Clinical findings alone do not adequately distinguish Strep vs. non-Strep pharyngitis. Most "red throats" are viral and therefore you should never treat empirically, even in children with a long history of strep. Their strep may have become resistant and needs a culture.
- ❑ Submit any co-morbid diagnosis codes that apply on claim/encounter.
- ❑ If rapid strep test and/or throat culture is negative, educate parents/caregivers that an antibiotic is not necessary for viral infections.
- ❑ Additional resources for clinicians and parents/caregivers about pharyngitis can be found here: http://www.cdc.gov/getsmart/index.html

# HEDIS® Tips:
# Appropriate Treatment for Children with URI

## MEASURE DESCRIPTION

Children 3 months to 18 years of age diagnosed with Upper Respiratory Infection (URI) **should not** be dispensed an antibiotic within 3 days of the diagnosis.

Note: Claims/encounters with more than one diagnosis (e.g., competing diagnoses) are excluded from the measure.

## USING CORRECT BILLING CODES

**Codes to Identify URI**

| Description | ICD-9 Codes | *ICD-10 Codes |
|---|---|---|
| Acute nasopharyngitis (common cold) | 460 | J00 |
| Acute laryngopharyngitis | 465.0 | J06.0 |
| Acute URI or | 465.8, 465.9 | J06.9 |

**Codes to Identify Common Competing Diagnoses**

| Description | ICD-9 Code | *ICD-10 Codes |
|---|---|---|
| Otitis media | 382 | H66, H67 |
| Acute sinusitis | 461 | J01.80, J01.90 |
| Pharyngitis, streptococcal tonsillitis, or acute tonsillitis | 034.0, 462, 463 | J02.0, J02.8, J02.9, J03.00, J03.01, J03,80, J03.81, J03.90, J03.91 |
| Chronic sinusitis | 473 | J32 |
| Pneumonia | 481-486 | J13-J20 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Do not prescribe an antibiotic for a URI diagnosis only.
- ❑ Submit any co-morbid/competing diagnosis codes that apply (examples listed in the “Codes to Identify Competing Diagnoses” table above).
- ❑ Code and bill for all diagnoses based on patient assessment.
- ❑ Educate patient on comfort measures (e.g., acetaminophen for fever, rest, extra fluids) and advise patient to call back if symptoms worsen (antibiotic can be prescribed if necessary after 3 days of initial diagnosis).
- ❑ You are encouraged to re-submit an encounter if you missed a second diagnosis code and you see a patient on the needed services report published by Molina Healthcare.
- ❑ Patient educational materials on antibiotic resistance and common infections can be found here: http://www.cdc.gov/getsmart/index.html


Updated 8/14/2015

# HEDIS® Tips:
# Asthma Medication Ratio

## 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. Patients are in the measure if they met at least one of the following during both the measurement year and the year prior.

- At least one ED visit with asthma as the principal diagnosis.
- At least one acute inpatient claim/encounter, with asthma as the principal diagnosis.
- At least 4 outpatient asthma visits with asthma as one of the diagnoses and at least 2 asthma medication dispensing events.
- At least 4 asthma medication dispensing events. If leukotriene modifiers were the sole asthma medication dispensed, there must also be at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier

## USING CORRECT BILLING CODES

### Codes to Identify Asthma

| Description | ICD-9 Codes | *ICD-10 Codes *(to be used on or after 10/1/15)* |
|---|---|---|
| Asthma | 493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92 | |
| Mild Intermittent Asthma | | J45.20, J45.21, J45.22 |
| Mild Persistent Asthma | | J45.30, J45.31, J45.32 |
| Moderate Persistent Asthma | | J45.40, J45.41, J45.42 |
| Severe Persistent Asthma | | J45.50, J45.51, J45.52 |
| Other and Unspecified Asthma | | J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 |

### Asthma Controller Medications

| Description | Prescriptions |
|---|---|
| Antiasthmatic combinations | Dyphylline-guaifenesin, Guaifenesin-theophylline |
| Antibody inhibitor | Omalizumab |
| Inhaled steroid combinations | Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol |
| Inhaled corticosteroids | Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone |
| Leukotriene modifiers | Montelukast, Zafirlukast, Zileuton |
| Mast cell stabilizers | Cromolyn |
| Methylxanthines | Aminophylline, Dyphylline, Theophylline |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Ensure proper coding to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms were present. Ex: wheezing during viral URI and acute bronchitis is not “asthma.”
- ❑ Educate patients on use of asthma medications.
- ❑ Prescribe a long-term controller medication and provide reminders to your patients to fill controller medications.
- ❑ Use the needed services list and contact patients who have not filled a controller medication.
- ❑ Mail-order delivery is available to patients.
- ❑ Patients can be referred for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare State plan.


Updated 9/14/2015

# HEDIS® Tips:
# Breast Cancer Screening

## MEASURE DESCRIPTION

Women 50-74 years of age who had one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Exclusions: Bilateral mastectomy

*Note: Biopsies, breast ultrasounds and MRIs do not count because HEDIS® does not consider them to be appropriate primary screening methods.*

## USING CORRECT BILLING CODES

**Codes to Identify Mammogram**

| Description | Codes |
|---|---|
| Breast Cancer Screening | **CPT:** 77055-77057<br>**HCPCS:** G0202, G0204, G0206<br>**ICD-9:** 87.36, 87.37<br>**UB Revenue:** 0401, 0403 |

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Educate female patients about the importance of early detection and encourage testing.
- ❒ Use needed services list to identify patients in need of mammograms.
- ❒ If the patient had a bilateral mastectomy, document this in the medical record and fax Molina Healthcare the chart.
- ❒ Schedule a mammogram for patient or send/give patient a referral/script (if needed).
- ❒ Have a list of mammogram facilities available to share with the patient (helpful to print on colored paper for easy reference).
- ❒ Discuss possible fears the patient may have about mammograms and inform women that currently available testing methods are less uncomfortable and require less radiation.


Updated 8/14/2015

# HEDIS® Tips:
# Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

## MEASURE DESCRIPTION

Adults 18-64 years of age with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year.

Members who have cardiovascular disease are defined as having any of the following:

- Discharged from an inpatient setting with an Acute Myocardial Infarction (AMI) or any setting with a Coronary Artery Bypass Graft (CABG) during the year prior to the measurement year,
- Members who had a Percutaneous Coronary Intervention (PCI) during the year prior to the measurement year, or
- Members diagnosed with Ischemic Vascular Disease (IVD) during both the measurement year and the year prior to measurement year.

## USE CORRECT BILLING CODES

| Description | Codes |
|---|---|
| Codes to Identify LDL–C Tests | **CPT:** 80061, 83700, 83701, 83704, 83721<br>**CPT II:** 3048F, 3049F, 3050F |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Patients with schizophrenia and cardiovascular disease require care coordination between the primary care physician (PCP) and behavioral health (BH) provider. This care coordination is a key factor in the development of a comprehensive treatment plan.
- ❑ Order labs prior to patient appointments.
- ❑ The BH provider can order lab tests for patients who do not have regular contact with their PCP but who regularly see the BH provider. The BH provider can then coordinate medical management with the PCP.
- ❑ Review cardiovascular services needed at each office visit and ensure lipid levels, blood pressure and glucose are monitored at every appointment.
- ❑ Educate patient (and caregiver) about the risks associated with antipsychotic medications and cardiovascular disease and the importance of a healthy lifestyle. This includes nutrition, exercise and smoking cessation.
- ❑ For LDLs, if patient is not fasting, order direct LDL to avoid a missed opportunity.
- ❑ Adjust therapy to improve HbA1c, LDL, and BP levels; follow-up with patients to monitor changes.
- ❑ Patients can be referred for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare State plan.


Updated 10/21/2015

# HEDIS® Tips:
# Care for Older Adults

## MEASURE DESCRIPTION

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning (advanced directive, living will, or discussion with date).
- Medication review by a prescribing practitioner or clinical pharmacist and presence of a medication list (a medication list, signed and dated during the measurement year by a prescribing practitioner or clinical pharmacist will also count).
- Functional status assessment (e.g., ADLs or IADLs).
- Pain assessment (e.g., pain inventory, numeric scale, faces pain scale). Notation of screening or documentation for chest pain alone does not count.

## USING CORRECT BILLING CODES

| Description | Codes |
|---|---|
| Advance Care Planning | **CPT:** 99497<br>**CPT II:** 1157F, 1158F<br>**HCPCS:** S0257 |
| Medication Review | **CPT:**, 90863, 99605, 99606<br>**CPT II:** 1160F |
| Medication List | **CPT II:** 1159F<br>**HCPCS:** G8427 |
| Functional Status Assessment | **CPT II:** 1170F |
| Pain Assessment | **CPT II:** 1125f, 1126F |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Use the Annual Comprehensive Exam (ACE) form from Molina Healthcare to capture these assessments if patient is eligible.
- ❑ Use the Medicare Stars checklist tool for reference and to place on top of chart as a reminder to complete.
- ❑ Remember that the medication review measure requires that the medications are listed in the chart, plus the review.
- ❑ If on EMR, incorporate a standardized template to capture these measures for members 66 years and older (can use Molina Healthcare's ACE form as a guide).


Updated 10/20/2015

# HEDIS® Tips:
# Cervical Cancer Screening

## MEASURE DESCRIPTION

Women 21*-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 24-64 who had cervical cytology during the measurement year or the two years prior to the measurement year.
- Women age 30-64 who had cervical cytology and human papillomavirus (HPV) co-testing performed during the measurement year or the four years prior to the measurement year.

Exclusions: Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.

* Molina Healthcare has adopted guidelines recommending cervical cancer screening to begin at age 21 years.

## USING CORRECT BILLING CODES

**Codes to Identify Cervical Cancer Screening**

| Description | Code |
|---|---|
| Cervical Cytology | **CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175<br><br>**HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091<br><br>**UB Revenue:** 0923 |
| HPV Tests | **CPT:** 87620-87622, 87624, 87625 |

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Use needed services lists to identify women who need a Pap test.
- ❒ Use a reminder/recall system (e.g., tickler file).
- ❒ Request to have results of Pap tests sent to you if done at OB/GYN visits.
- ❒ Document in the medical record if the patient has had a hysterectomy with no residual cervix and fax us the chart. Remember synonyms – “total”, “complete”, “radical.”
- ❒ Don’t miss opportunities e.g., completing Pap tests during regularly-scheduled well woman visits, sick visits, urine pregnancy tests, UTI, and Chlamydia/STI screenings.


Updated 10/22/2015

# HEDIS® Tips:
# Childhood Immunizations

## MEASURE DESCRIPTION

Children 2 years of age who had the following vaccines **on or before their second birthday:**

- 4 DTaP (diphtheria, tetanus and acellular pertussis)
- 3 IPV (polio)
- 1 MMR (measles, mumps, rubella)
- 3 HiB (H influenza type B)
- 3 Hep B (hepatitis B)
- 1 VZV (chicken pox)
- 4 PCV (pneumococcal conjugate)
- 1 Hep A (hepatitis A)
- 2 or 3 RV (rotavirus)
- 2 Influenza

## USING CORRECT BILLING CODES

**Codes to Identify Childhood Immunizations**

| Description | CPT/HCPCS/ICD Codes |
|---|---|
| DTaP | 90698, 90700, 90721, 90723 |
| IPV | 90698, 90713, 90723 |
| MMR | 90707, 90710 |
| Measles and rubella | 90708 |
| Measles | 90705 |
| Mumps | 90704 |
| Rubella | 90706 |
| HiB | 90644-90648, 90698, 90721, 90748 |
| Hepatitis B | 90723, 90740, 90744, 90747, 90748, G0010 |
| Newborn Hepatitis B | ICD-9: 99.55; ICD-10*: 3E0234Z |
| VZV | 90710, 90716 |
| Pneumococcal conjugate | 90669, 90670, G0009 |
| Hepatitis A | 90633 |
| Rotavirus (two-dose schedule) | 90681 |
| Rotavirus (three-dose schedule) | 90680 |
| Influenza | 90630, 90655, 90657, 90661, 90662, 90673, 90685, G0008 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Use the State immunization registry.
- ❑ Review a child's immunization record before every visit and administer needed vaccines.
- ❑ Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations, e.g., MMR causes autism (now completely disproven).
- ❑ Have a system for patient reminders.
- ❑ Some vaccines may have been given before patients were Molina members. Include these on the members' vaccination record even if your office did not provide the vaccine.


Updated 10/20/2015

# HEDIS® Tips:
# Children and Adolescents' Access to Primary Care Practitioners

## MEASURE DESCRIPTION

The percentage of patients 12 months to 19 years of age who had a visit with a PCP. Four separate percentages are reported for each product line.

- Children 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year.
- Children 7 to 11 years and adolescents 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

## USING CORRECT BILLING CODES

**Codes to Identify Ambulatory or Preventive Care Visits**

| Description | Codes |
|---|---|
| Ambulatory Visits | **ICD-9:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8,V70.9 |
| | ***ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 |
| | **CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429 |
| | **HCPCS:** G0402, G0438, G0439, G0463, T1015 |
| | **UBREV:** 0510-0517, 0519-0523, 0526-0529, 0982, 0983 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide an ambulatory or preventive care visit.
- ❒ Make sports/day care physicals into ambulatory or preventive care visits by performing the required services and submitting appropriate codes.
- ❒ Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/anticipatory guidance was given.
- ❒ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.


Updated 8/10/2015

# HEDIS® Tips:
# Chlamydia Screening

## MEASURE DESCRIPTION

Women 16-24 years of age who were identified as sexually active and who had at least one Chlamydia test during the measurement year.

Exclusion: Members who were included in the measure based on pregnancy test alone and the member had a prescription for isotretinoin or an xray on the date of the pregnancy test or the 6 days after the pregnancy test.

## USING CORRECT BILLING CODES

**Codes to Identify Chlamydia Screening**

| Description | CPT Code |
|---|---|
| Chlamydia Screening | 87110, 87270, 87320, 87490-87492, 87810 |

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Perform Chlamydia screening every year on every 16-24 year old female identified as sexually active (use any visit opportunity).
- ❒ Add Chlamydia screening as a standard lab for women 16-24 years old. Use well child exams and well women exams for this purpose.
- ❒ Ensure that you have an opportunity to speak with your adolescent female patients without her parent.
- ❒ 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.


Updated 8/14/2015

# HEDIS® Tips:
# Colorectal Cancer Screening

## MEASURE DESCRIPTION

Patients 50-75 years of age who had one of the following screenings for colorectal cancer screening:

- gFOBT or iFOBT (or FIT) with required number of samples for each test during the measurement year, or
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year, or
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

Note: FOBT tests performed in an office or performed on a sample collected via a digital rectal exam (DRE) do not meet criteria.

Exclusions: Colorectal cancer or total colectomy

## USING CORRECT BILLING CODES

### Codes to Identify Colorectal Cancer Screening

| Description | Codes |
|---|---|
| FOBT | **CPT:** 82270, 82274 **HCPCS:** G0328 |
| Flexible Sigmoidoscopy | **CPT:** 45330-45335, 45337-45342, 45345-45347, 45349, 45350 **HCPCS:** G0104 **ICD-9:** 45.24 |
| Colonoscopy | **CPT:** 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 **HCPCS:** G0105, G0121 **ICD-9:** 45.22, 45.23, 45.25, 45.42, 45.43 |

### Codes to Identify Exclusions

| Description | Codes |
|---|---|
| Colorectal Cancer | **HCPCS:** G0213-G0215, G0231 **ICD-9-CM:** 153.0-153.9, 154.0, 154.1 197.5, V10.05, V10.06 ***ICD-10 CM:** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 |
| Total Colectomy | **CPT:** 44150-44153, 44155-44158, 44210-44212 **ICD-9:** 45.81, 45.82, 45.83 ***ICD-10 PCS**: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Update patient history annually regarding colorectal cancer screening (test done and a date).
- ❑ Encourage patients who are resistant to having a colonoscopy to have a stool test that they can complete at home (either gFOBT or iFOBT).
- ❑ The iFOBT/FIT has fewer dietary restrictions and samples.
- ❑ Use standing orders and empower office staff to distribute FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for colonoscopy. Follow-up with patients.
- ❑ Clearly document patients with ileostomies, which implies colon removal (exclusion), and patients with a history of colon cancer (more and more frequent).


Updated 10/20/2015

# HEDIS® Tips:
# Comprehensive Diabetes Care

## MEASURE DESCRIPTION

Adults 18-75 years of age with diabetes (type1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)*
  * a lower rate is better
- HbA1c control <8.0%
- Eye exam (retinal or dilated) performed
- BP control (<140/90 mmHg)
- Nephropathy monitoring
  - Nephropathy screening or monitoring test
  - Treatment for nephropathy or ACE/ARB therapy
  - Stage 4 CKD
  - ESRD
  - Kidney transplant
  - Visit with a nephrologist
  - ACE/ARB dispensed

## USING CORRECT BILLING CODES

| Description | Codes |
|---|---|
| Codes to Identify Diabetes | **ICD-9:** 250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04<br>***ICD-10:** E10, E11, E13, O24 |
| Codes to Identify HbA1c Tests | **CPT:** 83036, 83037<br>**CPT II:** 3044F (if HbA1c <7%), 3045F (if HbA1c 7% - 9%), 3046F (if HbA1c >9%) |
| Codes to Identify Nephropathy Screening Test (Urine Protein Tests) | **CPT:** 81000-81003, 81005, 82042, 82043, 82044, 84156<br>**CPT II:** 3060F, 3061F, 3062F |
| Codes to Identify Eye Exam (must be performed by optometrist or ophthalmologist) | **CPT:** 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245<br>**HCPCS:** S0620, S0621, S3000 |
| Codes to Identify Diabetic Retinal Screening With Eye Care Professional billed by any provider | **CPT II:** 2022F, 2024F, 2026F, 3072F<br>**HCPCS:** S0625 (retinal telescreening) |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Review diabetes services needed at each office visit.
- ❒ Order labs prior to patient appointments.
- ❒ If point-of-care HbA1c tests are completed in-office, helpful to bill for this; also ensure HbA1c result and date are documented in the chart.
- ❒ Adjust therapy to improve HbA1c and BP levels; follow-up with patients to monitor changes.
- ❒ A digital eye exam, remote imaging, and fundus photography can count as long as the results are read by an eye care professional (optometrist or ophthalmologist).
- ❒ Use 3072F if member's eye exam was negative or showed low risk for retinopathy in the prior year.
- ❒ Prescribe statin therapy to all diabetics age 40 to 75 years.
- ❒ Patients can be referred for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare State plan.

# HEDIS® Tips:
# Frequency of Ongoing Prenatal Care

## MEASURE DESCRIPTION

The percentage of deliveries that had 81 percent or more of expected visits. The percentage is adjusted by the month of pregnancy at the time of enrollment and gestational age. A full 42 week gestational pregnancy is expected to have 16 prenatal care visits.

## USING CORRECT BILLING CODES

Please note that global billing or bundling codes do not provide specific date information to count towards this measure. Please consider not using global billing or bundling codes.

**Codes to Identify Prenatal Care Visits**

| Description | Codes |
|---|---|
| Prenatal Care Visits | **CPT**: 99201-99205, 99211-99215, 99241-99245, 99500<br>**CPT II**: 0500F, 0501F, 0502F<br>**HCPCS**: H1000-H1004, T1015, G0463 **UB Rev**: 0514 |
| Obstetric Panel | **CPT:** 80055 |
| Prenatal Ultrasound | **CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828<br>**ICD-9 Procedure**: 88.78<br>***ICD-10 PCS**: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ |
| ABO and Rh | **CPT (ABO):** 86900 **CPT (Rh)**: 86901 |
| TORCH | **CPT (Toxoplasma):** 86777, 86778 **CPT (Rubella)**: 86762<br>**CPT (Cytomegalovirus):** 86644 **CPT (Herpes Simplex):** 86694, 86695, 86696 |
| Pregnancy Diagnosis (for PCP, use these codes and one of the codes above) | **ICD-9 Diagnosis**: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28<br>***ICD-10:** O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Document physical OB findings (i.e., fetal heart tones, fundal height, pelvic with OB observations).
- ❒ Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- ❒ Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- ❒ Have a direct referral process to OB/GYN in place.
- ❒ Emphasize to patients the importance of continued monitoring throughout pregnancy to minimize pregnancy problems. Visit schedule should be every 4 weeks for the first 28 weeks of pregnancy, every 2-3 weeks for the next 7 weeks, and weekly thereafter until delivery.
- ❒ Molina has a Motherhood Matters® program to which you can refer patients.

# HEDIS® Tips:
# Controlling High Blood Pressure

## MEASURE DESCRIPTION

- Patients 18 – 59 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.
- Patients 60-85 years of age who had a diagnosis of hypertension (HTN) and diabetes and whose BP was adequately controlled (<140/90) during the measurement year.
- Patients 60-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<150/90) during the measurement year.

Note: Patients are included in the measure if there was a claim/encounter with a diagnosis of hypertension on or before June 30 of the measurement year.

The most recent BP during the measurement year is used.

## USING CORRECT BILLING CODES

**Codes to Identify Hypertension**

| Description | ICD-9 Code | *ICD-10 Code |
|---|---|---|
| Hypertension | 401.0, 401.1, 401.9 | I10 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Calibrate the sphygmomanometer annually.
- ❒ Upgrade to an automated blood pressure machine.
- ❒ Select appropriately sized BP cuff.
- ❒ If the BP is high at the office visit (140/90 or greater), take it again (HEDIS® allows us to use the lowest systolic and lowest diastolic readings in the same day) and oftentimes the second reading is lower.
- ❒ Do not round BP values up. If using an automated machine, record exact values.
- ❒ Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in 3 months.
- ❒ Current guidelines recommend two BP drugs started at first visit if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification.
- ❒ Molina Healthcare has staff available to address medication issues.

# HEDIS® Tips:
# Diabetes Monitoring for People with Diabetes and Schizophrenia

## MEASURE DESCRIPTION

Adults 18-64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

## USE CORRECT BILLING CODES

| Description | Codes |
|---|---|
| Codes to Identify HbA1c Tests | **CPT:** 83036, 83037<br>**CPT II:** 3044F (if HbA1c<7%), 3045F (if HbA1c 7%-9%, 3046F (if HbA1c>9%) |
| Codes to Identify LDL-C Tests | **CPT:** 80061, 83700, 83701, 83704, 83721<br>**CPT II:** 3048F, 3049F, 3050F |
| Codes to Identify Schizophrenia | **ICD-9 CM:** 295.00-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.85, 295.90-295.95<br>***ICD-10 CM:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 |
| Codes to Identify Diabetes | **ICD-9 CM:** 250.00-250.03, 250.10-250.13, 250.20-250.23, 250.30-250.33, 250.40-250.43, 250.50-250.53, 250.60-250.63, 250.70-250.73, 250.80-250.83, 250.90-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04<br>***ICD-10 CM:** E.10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39-E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.620-E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40-E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620-E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40-E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620-E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.68, E13.8, E13.9, O24.011-O24.013, O24.019, O24.02, O24.03, O24.111-O24.113, O24.119, O24.12, O24.13, O24.311-O24.313, O24.319, O24.32, O24.33, O24.811-O24.813, O24.819, O24.82, O24.83 |

**ICD-10 codes to be used on or after 10/1/2015*

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Review diabetes services needed at each office visit.
- ❑ Order labs prior to patient appointments.
- ❑ If point-of-care HbA1c tests are completed in-office, helpful to bill for this; also ensure HbA1c result and date are documented in the chart.
- ❑ For LDLs, if patient is not fasting, order a direct LDL to avoid a missed opportunity. Some lab order forms have conditional orders – if fasting, LDL-C; if not fasting, direct LDL.
- ❑ The BH provider can order diabetic lab tests for patients who do not have regular contact with their PCP but who regularly see the BH provider. The BH provider can then coordinate medical management with the PCP.
- ❑ Adjust therapy to improve HbA1c, LDL, and BP levels; follow-up with patients to monitor changes.
- ❑ If patient has a caregiver, make sure they are given instruction on the course of treatment, labs or future appointment dates.
- ❑ Regular monitoring of body mass index, plasma glucose level, lipid profiles and signs of prolactin elevation should be done at each appointment.
- ❑ Continue to educate patients about appropriate health screenings with some medication therapies.
- ❑ Patients can be referred for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare State plan.
- ❑ Care Coordination with the patient's behavioral health provider is a key component in the development of a comprehensive treatment plan.

# HEDIS® Tips:
# Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications

## MEASURE DESCRIPTION

Adults 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test (glucose test or HbA1c test) during the measurement year.

## USE CORRECT BILLING CODES

**Codes to Identify Diabetes Screening**

| Description | Codes |
|---|---|
| Codes to Identify Glucose Tests | **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |
| Codes to Identify HbA1c Tests | **CPT:** 83036, 83037<br>**CPT II:** 3044F (if HbA1c<7%), 3045F (if HbA1c 7%-9%), 3046F (if HbA1c>9%) |

**Antipsychotic Medications**

| Description | Generic Name | Brand Name |
|---|---|---|
| **Miscellaneous antipsychotic agents** | Aripiprazole, Asenapine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurisadone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone | Abilify, Saphris, Clozaril, Haldol, Fanapt, Loxipac/Loxitane, Latuda, Moban, Zyprexa, Invega, Orap, Seroquel, Seroquel XR, Risperdal, Geodon |
| **Phenothiazine antipsychotics** | Chlorpromazine, Fluphenazine, Perphenazine, Perphenazine-amitriptyline, Prochlorperazine, Thioridazine, Trifluperazine | Thorazine, Prolixin, Trilafon, Etrafon, Compazine, Mellaril, Stelazine |
| **Psychotherapeutic combinations** | Fluoxetine-olanzapine | Symbyax |
| **Thioxanthenes** | Thiothixene | Navane |
| **Long-acting injections** | Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone | Abilify Maintena, Prolixin, Haldol Decanoate INJ, Zyprexa Relprew, Invega Sustenna, Risperdal Consta |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Patients with schizophrenia and bipolar disorder who are prescribed antipsychotic medication may be at a higher risk for developing diabetes than the population at large. Therefore, care coordination between the primary care physician (PCP) and behavioral health (BH) prescriber is a key component in the development of a comprehensive treatment plan.
- ❑ Whether the antipsychotic medication is prescribed by a PCP or psychiatrist, the patient will need assistance with scheduling a follow-up appointment in 1-3 months with their PCP to screen for diabetes. If the patient is not ready to schedule appointment, make note or flag chart to contact the patient with a reminder to schedule an appointment.
- ❑ Ensure patient (and/or caregiver) is aware of the risk of diabetes and have awareness of the symptoms of new onset of diabetes while taking antipsychotic medication.
- ❑ PCP's office should schedule lab screenings prior to next appointment.
- ❑ The BH provider can order diabetic lab tests for patients who do not have regular contact with their PCP but who regularly see the BH provider. The BH provider can then coordinate medical management with the PCP.
- ❑ Patients can be referred for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare State plan.

# HEDIS® Tips:
# Disease Modifying Anti-Rheumatic Drug Therapy (DMARD) for Rheumatoid Arthritis

## MEASURE DESCRIPTION

Patients 18 years of age and older who were diagnosed with rheumatoid arthritis (RA) and who were dispensed at least one DMARD prescription during the measurement year.

**DMARDs:**

| Description | Prescription |
|---|---|
| 5-Aminosalicyclates | Sulfasalazine |
| Alkylating agents | Cyclophospahmide |
| Aminoquinolines | Hydroxychloroquine |
| Anti-rheumatics | Auranofin, Gold sodium thiomalate, Leflunomide, Methotrexate, Penicillamine |
| Immunomodulators | Abatacept, Adalimumab, Anakinra, Certolizumab, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Tocilizumab |
| Immunosuppressive agents | Azathiprine, Cyclosporine, Mycophenolate |
| Janus kinase (JAK) inhibitor | Tofacitinib |
| Tetracyclines | Minocycline |

## USING CORRECT BILLING CODES

**Codes to Identify Rheumatoid Arthritis**

| Description | Codes |
|---|---|
| Rheumatoid Arthritis | **ICD-9:** 714.0, 714.1, 714.2, 714.81<br><br>***ICD-10:** M05, M06 |

*ICD-10 codes to be used on or after 10/1/15

**Codes to Identify DMARD**

| Description | Codes |
|---|---|
| DMARD | **HCPCS:** J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Confirm RA versus osteoarthritis (OA) or joint pain.
- ❑ Prescribe DMARDs when diagnosing rheumatoid arthritis in your patients.
- ❑ Refer to current American College of Rheumatology standards/guidelines.
- ❑ Refer patients to network rheumatologists as appropriate for consultation and/or co-management.
- ❑ Audit a sample of charts of members identified as having rheumatoid arthritis to assess accuracy of coding.
- ❑ Usual ratio of OA:RA = 9:1
- ❑ Aggressive risk adjustment can overstate RA vs. OA.


Updated 8/14/2015

# HEDIS® Tips:
# Follow-up After Hospitalization for Mental Illness

## MEASURE DESCRIPTION

Patients 6 years of age and older who were hospitalized for treatment of selected mental health diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7- and 30- days of discharge.

## USING CORRECT BILLING CODES

**Codes to Identify Follow-up Visits *(must be with mental health practitioner)***

| Description | Codes |
|---|---|
| Follow-up Visits | **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510<br>**Transitional Care Management Visits:** 99495 (only for 7-day indicator),<br>99496 (only for 30-day follow-up indicator)<br>**HCPCS:** G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015<br>**UB Rev (visit in a behavioral health setting):** 0513, 0900-0905, 0907, 0911-0919<br>**UB Rev (visit in a non-behavioral health setting):** 0510, 0515-0523, 0526-0529, 0982, 0983 |

| Description | Codes | | |
|---|---|---|---|
| Follow-up Visits | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876 | ***WITH*** | **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72 |
| | **CPT:** 99221-99223, 99231-99233, 99238, 99239, 99251-99255 | ***WITH*** | **POS:** 52, 53 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ The literature indicates that during the first 7 days post-discharge the member is at greater risk for rehospitalization and, within the first 3 weeks post-discharge the risk of self-harm is high.
- ❑ Ensure that the follow-up appointment is made before the patient leaves the hospital and is scheduled within 7 days of discharge. Same-day outpatient visits count.
- ❑ Assist the patient with navigation of barriers, such as using their transportation benefit to get to their follow-up appointment.
- ❑ Review medications with patients to ensure they understand the purpose and appropriate frequency and method of administration.
- ❑ Ensure accurate discharge dates and document not just appointments scheduled, but appointments kept. Visits must be with a *mental health practitioner.*
- ❑ Follow-up visits must be supported by a claim, encounter or note from the mental health practitioner's medical chart.
- ❑ Since the window for timely follow-up is so brief, patients discharged to lower levels of care need to be documented accurately for the measure logic to be applied properly.





MOLINA HEALTHCARE

# HEDIS® Tips:
# Follow-up Care for Children Prescribed ADHD Medication

## MEASURE DESCRIPTION

Patients 6-12 years old, with a new prescription for an attention-deficit/hyperactivity disorder (ADHD) medication who had:

- At least one follow-up visit with practitioner with prescribing authority during the first 30 days of when the ADHD medication was dispensed. (Initiation Phase)
- At least two follow-up visits within 270 days (9 months) after the end of the initiation phase. One of these visits may be a telephone call. (Continuation and Maintenance Phase)

## USING CORRECT BILLING CODES

### Codes to Identify Follow-up Visits

| Description | Codes |
|---|---|
| Follow-up Visits | **CPT:** 90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510<br><br>**HCPCS:** G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015<br>**UB Revenue:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983 |
| Telephone Visits | **CPT:** 98966-98968, 99441-99443 (Can use for one Continuation and Maintenance Phase visit) |

| Description | Codes | | |
|---|---|---|---|
| Follow-up Visits | **CPT:** 90791, 90792, 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876 | ***WITH*** | **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72 |
| | **CPT:** 99221-99223, 99231-99233, 99238, 99239, 99251-99255 | ***WITH*** | **POS:** 52, 53 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ When prescribing a new medication to your patient, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in the office.
- ❑ Schedule two more visits in the 9 months after the first 30 days to continue to monitor your patient's progress.
- ❑ Use a **phone visit** for one of the visits after the first 30 days. This may help you and your patients if getting to an office visit is difficult **(codes: 98966-98968, 99441-99443).** Only one phone visit is allowed during the Continuation and Maintenance Phase. If a phone visit is done, at least one face-to-face visit should also be completed.
- ❑ NEVER continue these controlled substances without at least 2 visits per year to evaluate a child's progress. If nothing else, you need to monitor the child's growth to make sure they are on the correct dosage.

# HEDIS® Tips:
# Human Papillomavirus Vaccine for Female Adolescents

## MEASURE DESCRIPTION

The percentage of female adolescents 13 years of age who had at least three doses of the human papillomavirus (HPV) vaccine **on or between the 9th and 13th birthdays**.

## USING CORRECT BILLING CODES

**Codes to Identify HPV Immunization for Female Adolescents**

| Description | CPT Codes |
|---|---|
| HPV Vaccination | 90649, 90650, 90651 |

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Recommend the HPV vaccine series the same way you recommend other adolescent vaccines. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about the HPV vaccine.
- ❒ HPV vaccination should be performed WELL BEFORE girls become sexually active.
- ❒ Inform parents that the full vaccine series requires 3 shots and have a system for patient reminders.
- ❒ Train office staff to prep the chart in advance of the visit and identify overdue immunizations.
- ❒ HPV vaccine may be given at the same time as other vaccines.

# HEDIS® Tips:
# Immunizations for Adolescents

## MEASURE DESCRIPTION

Children 13 years of age who received the following vaccines **on or before the 13th birthday**:

- One meningococcal vaccine (must be completed on or between the 11th and 13th birthdays)
- One Tdap or one Td vaccine (must be completed on or between the 10th and 13th birthdays)

## USING CORRECT BILLING CODES

**Codes to Identify Adolescent Immunizations**

| Description | CPT Codes |
|---|---|
| Meningococcal | 90733, 90734 |
| Tdap | 90715 |
| Td | 90714, 90718 |
| Tetanus | 90703 |
| Diphtheria | 90719 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Use the State immunization registry.
- ❑ Review missing vaccines with parents.
- ❑ Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.
- ❑ Train office staff to prep the chart in advance of the visit and identify overdue immunizations.
- ❑ Make every office visit count- take advantage of sick visits for catching up on needed vaccines.
- ❑ Institute a system for patient reminders.
- ❑ Some vaccines may have been given before patients were Molina members. Include these on the members' vaccination record even if your office did not provide the vaccine.

# HEDIS® Tips:
# Initiation & Engagement of Alcohol & Other Drug Dependence Treatment

## MEASURE DESCRIPTION

The percentage of adolescent and adult members 13 years of age and older with a new diagnosis of alcohol or other drug (AOD) dependence with the following:

- *Initiation of AOD Treatment.* Initiate treatment through inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.
- *Engagement of AOD Treatment.* Initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

## USING CORRECT BILLING CODES

**Codes to Identify AOD Dependence**

| ICD-9-CM Diagnosis |
|---|
| 291.0-291.5, 291.81, 291.82, 291.89, 291.9, 303.00-303.02, 303.90-303.92, 304.00-304.02, 304.10-304.12, 304.20-304.22, 304.30-304.32, 304.40-304.42, 304.50-304.52, 304.60-304.62, 304.70-304.72, 304.80-304.82, 304.90-304.92, 305.00-305.02, 305.20-305.22, 305.30-305.32, 305.40-305.42, 305.50-305.52, 305.60-305.62, 305.70-305.72, 305.80-305.82, 305.90-305.92, 535.30, 535.31, 571.1 |
| **ICD-10-CM Diagnosis (to be used on or after 10/1/15)** |
| F10.10 – F10.20, F10.22 – F10.29, F11.10 – F11.20, F11.22 – F11.29, F12.10 – F12.20, F12.22 – F12.29, F13.10 – F13.20, F13.22 – F13.29, F14.10 – F14.20, F14.22 – F14.29, F15.10 – F15.20, F15.22 – F15.29, F16.10 – F16.20, F16.22 – F16.29, F18.10 – F18.20, F18.22 – F18.29, F19.10 – F19.20, F19.22 – F19.29 |

**Codes to Identify Outpatient, Intensive Outpatient and Partial Hospitalization Visits (*use these visit codes along with the one of the diagnosis codes above to capture initiation and engagement of AOD treatment*)**

| CPT | HCPCS | UB Revenue |
|---|---|---|
| 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510 | G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064,S0201, S9480, S9484, S9485, T1006, T1012, T1015 | 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983 |

| CPT | | POS |
|---|---|---|
| 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 | WITH | 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72 |
| 99221-99223, 99231-99233, 99238, 99239, 99251-99255 | WITH | 52, 53 |

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Consider using screening tools or questions to identify substance abuse issues in patients.
- ❒ If a substance abuse issue is identified, document it in the patient chart and submit a claim with the appropriate codes, as described above.
- ❒ Using diagnosis codes that are the result of alcohol or drug dependency (ex. Cirrhosis) also qualify patients for the measures, so avoid inappropriate use of these codes.
- ❒ When giving a diagnosis of alcohol or other drug dependence, schedule a follow-up visit within 14 days and at least two additional visits within 30 days, or refer immediately to a behavioral health provider.
- ❒ Involve family members or others who the patient desires for support and invite their help in intervening with the patient diagnosed with AOD dependence.
- ❒ Provide patient educational materials and resources that include information on the treatment process and options.
- ❒ If a Molina Care Manager contacts you about a recent encounter by a patient for substance dependency, it will be important to work collaboratively with the Care Manager to motivate the patient to initiate treatment.
- ❒ The timeframe for initiating treatment is brief (14 days) but ongoing discussions with patients about treatment help increase their willingness to commit to the process.

# HEDIS® Tips:
# Lead Screening in Children

## MEASURE DESCRIPTION

Children 2 years of age who had at least one capillary or venous lead blood test for lead poisoning **on or before their second birthday**.

## USING CORRECT BILLING CODES

**Codes to Identify Lead Tests**

| Description | CPT Code |
|---|---|
| Lead Tests | 83655 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to perform lead testing.
- ❑ Consider a standing order for in-office lead testing.
- ❑ Educate parents about the dangers of lead poisoning and the importance of testing.
- ❑ Provide in-office testing (capillary).
- ❑ Bill in-office testing where permitted by the State fee schedule and Molina policy.


Updated 8/6/2015

# HEDIS® Tips:
# Low Back Pain

## MEASURE DESCRIPTION

Patients 18-50 years of age with a new primary diagnosis of low back pain in an outpatient or ED visit who did not have an x-ray, CT, or MRI within 28 days of the primary diagnosis. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Exclusions:

- Members with a diagnosis of low back pain during the 180 days prior to the Index Episode Start Date (IESD = earliest date of service with a principal diagnosis of low back pain).
- Cancer any time during the member's history through 28 days after the IESD.
- Trauma any time during the 12 months prior to the IESD.
- IV drug abuse any time during the 12 months prior to the IESD through 28 days after the IESD.
- Neurologic impairment any time during the 12 months prior to the IESD through 28 days after the IESD.

## USING CORRECT BILLING CODES

### Codes to Identify Low Back Pain

| Description | ICD-9 Codes |
|---|---|
| Low Back Pain | 721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.70, 724.71, 724.79, 738.5, 739.3, 739.4, 846.0-846.3, 846.8, 846.9, 847.2 |
| | ***ICD-10 Codes** |
| | M46.46-M46.48, M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.46, M51.47, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86-M53.88, M54.30-M54.32, M54.40-M54.42, M54.5, M54.89, M54.9, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33,5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- ❑ Provide patient education on comfort measures, e.g., pain relief, stretching exercises, and activity level.
- ❑ Use correct exclusion codes if applicable (e.g., cancer).
- ❑ Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors, etc.).

# HEDIS® Tips:
# Medication Management for People with Asthma

## MEASURE DESCRIPTION

The percentage of members 5–85 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Patients are in the measure if they met at least one of the following during both the measurement year and the year prior.

- At least one ED visit with asthma as the principal diagnosis.
- At least one acute inpatient claim/encounter, with asthma as the principal diagnosis.
- At least 4 outpatient asthma visits with asthma as one of the diagnoses and at least 2 asthma medication dispensing events.
- At least 4 asthma medication dispensing events.
- If leukotriene modifiers were the sole asthma medication dispensed, there must also be at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier (i.e., measurement year or the year prior.)

## USING CORRECT BILLING CODES

### Codes to Identify Asthma

| Description | ICD-9 Codes | *ICD-10 Codes *(to be used after 10/1/15)* |
|---|---|---|
| Asthma | 493.00-,493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92 | |
| Mild Intermittent Asthma | | J45.20, J45.21, J45.22 |
| Mild Persistent Asthma | | J45.30, J45.31, J45.32 |
| Moderate Persistent Asthma | | J45.40, J45,41, J45.42 |
| Severe Persistent Asthma | | J45,50, J45,51, J45.52 |
| Other and Unspecified Asthma | | J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 |

### Asthma Controller Medications

| Description | Prescriptions |
|---|---|
| Antiasthmatic combinations | Dyphylline-guaifenesin, Guaifenesin-theophylline |
| Antibody inhibitor | Omalizumab |
| Inhaled steroid combinations | Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol |
| Inhaled corticosteroids | Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone |
| Leukotriene modifiers | Montelukast, Zafirlukast, Zileuton |
| Mast cell stabilizers | Cromolyn |
| Methylxanthines | Aminophylline, Dyphylline, Theophylline |

**Please refer to the Molina Healthcare Drug Formulary at www.molinahealthcare.com for asthma controller medications that may require prior authorization or step therapy.*

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Ensure proper coding to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms were present. Ex: wheezing during viral URI and acute bronchitis is not “asthma.”
- ❒ 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.
- ❒ Mail-order delivery is available to patients.
- ❒ Patients can be referred for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare State plan.

# HEDIS® Tips:
# Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

## MEASURE DESCRIPTION

Adolescent females 16-20 years of age should **not** be screened unnecessarily for cervical cancer.

*Exceptions: Member has prior history of cervical cancer, HIV or immunodeficiency disorders.*

## USING CORRECT BILLING CODES

**Codes to Identify Cervical Cancer Screening (females 16-20 years should not be screened for cervical cancer)**

| Description | Codes |
|---|---|
| Cervical Cytology | CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175<br><br>HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091<br><br>UB Rev: 0923 |
| HPV Tests | CPT: 87620, 87621, 87622 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Women 16-20 years of age should not be screened regardless of age at sexual initiation and other behavior-related risk factors.
- ❑ Screening should not be performed on healthy asymptomatic women.
- ❑ An “external only” genital examination is acceptable.
- ❑ The decision whether or not to perform a complete pelvic examination should be a shared decision after a discussion between the patient and her health care provider.

# HEDIS® Tips:
# Non-Recommended PSA-Based Screening in Older Men

## MEASURE DESCRIPTION

Men 70 years and older **should not** be screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. *A lower rate indicates better performance.*

Exclusions: Men who had a diagnosis for which PSA-based testing is clinically appropriate. Any of the following meet criteria:

- Prostate cancer diagnosis at any time in their history.
- Dysplasia of the prostate during the measurement year or the year prior to the measurement year.
- An elevated PSA test result (>4.0 nanogram/milliliter [ng/mL]) during the year prior to the measurement year.
- Dispensed prescription for 5-alpha reductase inhibitor (5-ARI) during the measurement year.

## USING CORRECT BILLING CODES

| Description | Codes |
|---|---|
| PSA Tests | **CPT**: 84152, 84153, 84154 **HCPCS**: G0103 |
| PSA Test Exclusions | **CPT**: 84153 **HCPCS**: G0103 (with result >4.0 ng/mL) |
| Prostate Cancer | **ICD9CM:** 185, 233.4, 236.5, V10.46, V84.03<br>***ICD10CM**: C61, D07.5, D40.0, Z15.03, Z85.46 |
| Prostate Dysplasia | **ICD9CM:** 602.3 ***ICD10CM**: N42.3 |
| 5-alpha reductase inhibitors | • Finasteride • Dutasteride |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Educate member on the adverse effects and benefits of the testing.
- ❒ Avoid testing for low-risk men if patient:
  - Has no prior family history of prostate cancer.
  - Has no prior history of elevated PSA test value (>4.0 nanogram/milliliter [ng/mL]).


Updated 10/22/2015

# HEDIS® Tips:
# Osteoporosis Management for Fractures

## MEASURE DESCRIPTION

The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.

## USING CORRECT BILLING CODES

**Codes to Identify Bone Mineral Density Test and Osteoporosis Medications**

| Description | Codes |
|---|---|
| Bone Mineral Density Test | **CPT:** 76977, 77078, 77080-77082, 77085<br>**HCPCS:** G0130<br>**ICD-9:** 88.98<br>***ICD-10:** BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 |
| Osteoporosis Medications | **HCPCS**: J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051 |
| Long-Acting Osteoporosis Medications (for inpatient stays only) | **HCPCS**: J0897, J1740, J3487, J3488, J3489, Q2051 |

*ICD-10 codes to be used on or after 10/1/15

**Osteoporosis Therapies**

| Description | Prescription |
|---|---|
| Biphosphonates | • Alendronate<br>• Alendronate-cholecalciferol<br>• Zoledronic acid<br>• Ibandronate<br>• Risedronate |
| Other agents | • Calcitonin<br>• Denosumab<br>• Raloxifene<br>• Teriparatide |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Order a BMD test on all women with a diagnosis of a fracture within 6 months OR prescribe medication to prevent osteoporosis (e.g., bisphosphonates).
- ❑ Educate patient on safety and fall prevention.
- ❑ Aggressive risk adjustment can overstate osteoporosis by confusing lower Z scores / osteopenia with osteoporosis.

# HEDIS® Tips:
# Persistence of Beta-Blocker Treatment after a Heart Attack

## MEASURE DESCRIPTION

Patients 18 years and older who were hospitalized and discharged with a diagnosis of Acute Myocardial Infarction (AMI) and received persistent beta-blocker treatment for six months after discharge. Persistence of treatment for this measure is defined as at least 75% of the days supply filled.

## USING CORRECT BILLING CODES

**Codes to Identify AMI**

| Description | ICD-9 Code | *ICD-10 Code |
|---|---|---|
| Acute myocardial infarction (AMI) | 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91 | I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4 |

* ICD-10 codes to be used on or after 10/1/15

**Beta-Blocker Medications**

| Description | Prescription | | |
|---|---|---|---|
| Noncardioselective beta-blockers | Carvedilol | Penbutolol | Timolol |
| | Labetalol | Pindolol | Sotalol |
| | Nadolol | Propranolol | |
| Cardioselective beta-blockers | Acebutolol | Betaxolol | Metoprolol |
| | Atenolol | Bisoprolol | Nebivolol |
| Antihypertensive combinations | Atenolol-chlorthalidone | | Hydrochlorothiazide-metoprolol |
| | Bendroflumethiazide-nadolol | | Hydrochlorothiazide-propranolol |
| | Bisoprolol-hydrochlorothiazide | | |

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Continue to stress the value of prescribed medications for managing heart disease.
- ❒ Utilize flow sheets to promote better adherence to guidelines when it comes to beta-blocker assessment and treatment after a heart attack at each visit.
- ❒ Provide smoking cessation and other interventions to eliminate or control risk factors.
- ❒ Patients with at least six (6) chronic medications and at least three (3) qualifying diagnoses may be eligible for Medication Therapy Management (MTM) sessions. For additional information about MTM criteria and to request a referral, contact Health Care Services at your affiliated Molina Healthcare State plan.


Updated 9/9/2015

# HEDIS® Tips:
# Pharmacotherapy Management of COPD Exacerbation

## MEASURE DESCRIPTION

The percentage of COPD exacerbations for members 40 years and older who had an acute inpatient discharge or ED visit with a primary diagnosis of COPD, emphysema or chronic bronchitis on or between January 1 – November 30 of the measurement year and were dispensed appropriate medications:

- A systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event
- A bronchodilator (or there was evidence of an active prescription) within 30 days of the event

## USING CORRECT BILLING CODES

**Codes to Identify COPD, Emphysema, or Chronic Bronchitis**

| Description | Prescription | |
|---|---|---|
| COPD | **ICD9**: 493.20, 493.21, 493.22, 496 | ***ICD-10**: J44.0, J44.1, J44.9 |
| Emphysema | **ICD9**: 492.0, 492.8 | ***ICD-10**: J43.0, J43.1, J43.2, J43.8, J43.9 |
| Chronic Bronchitis | **ICD9**: 491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9<br>***ICD-10**: J41.0, J41.1, J41.8, J42 | |

*ICD-10 codes to be used on or after 10/1/15

**Codes to Identify Systemic Corticosteroids**

| Description | Prescription | | | |
|---|---|---|---|---|
| Glucocorticoids | Betamethasone<br>Dexamethasone | Hydrocortisone<br>Methylprednisolone | Prednisolone<br>Prednisone | Triamcinolone |

**Codes to Identify Bronchodilators**

| Description | Prescription | | |
|---|---|---|---|
| Anticholinergic agents | Albuterol-ipratropium<br>Aclidinium-bromide | Ipratropium<br>Tiotropium | Umeclidinium |
| Beta 2-agonists | Albuterol<br>Arformoterol<br>Budesonide-formoterol<br>Fluticasone-salmeterol<br>Fluticasone-vilanterol | Formoterol<br>Indacaterol<br>Levalbuterol<br>Mometasone-formoterol<br>Metaproterenol | Olodaterol hydrochloride<br>Pirbuterol<br>Salmeterol<br>Umeclidinium-vilanterol |
| Methylxanthines | Aminophylline<br>Guaifenesin-theophylline | Dyphylline<br>Theophylline | Dyphylline-guaifenesin |

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Schedule a follow-up appointment within 7-14 days of discharge.
- ❒ Consider standing orders for those patients discharged from the hospital or emergency room.
- ❒ When your patient has been discharged, contact them to schedule a follow-up appointment as soon as possible.
- ❒ Remind patients to fill their corticosteroid and bronchodilator prescriptions.
- ❒ Refer to Molina's adopted clinical practice guidelines on COPD via the Molina website.


Updated 8/30/2015

# HEDIS® Tips:
# Postpartum Care

## MEASURE DESCRIPTION

Postpartum visit for a pelvic exam or postpartum care with an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. A Pap test within 21-56 days after delivery also counts.

Documentation in the medical record must include a note with the date when the postpartum visit occurred and one of the following:

- Pelvic exam, or
- Evaluation of weight, BP, breast and abdomen, or
- Notation of "postpartum care", PP check, PP care, 6-week check, or pre-printed "Postpartum Care" form in which information was documented during the visit

## USING CORRECT BILLING CODES

Please note that global billing or bundling codes do not provide specific date information to count towards this measure.

### Codes to Identify Postpartum Visits

| Description | Codes |
|---|---|
| Postpartum Visit | **CPT**: 57170, 58300, 59430, 99501<br>**CPT II**: 0503F **HCPCS**: G0101<br>**ICD-9-CM Diagnosis**: V24.1, V24.2, V25.1, V72.3, V76.2<br>**ICD-9-CM Procedure**: 89.26<br>***ICD-10-CM Diagnosis:** Z01.411, Z01.419, Z30.430, Z39.1, Z39.2 |

*ICD-10 codes to be used on or after 10/1/15

### Codes to Identify Cervical Cytology

| Description | Codes |
|---|---|
| Cervical Cytology | **CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175<br>**HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **UB Rev:** 0923 |

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Schedule your patient for a postpartum visit within 21 to 56 days from delivery (please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®).
- ❒ Use the postpartum calendar tool from Molina to ensure the visit is within the correct time frames.

# HEDIS® Tips:
# Prenatal Care - Timeliness

## MEASURE DESCRIPTION

Prenatal care visit in the first trimester *or* within 42 days of enrollment. *Prenatal care visit, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP*, with one of these:*

- Basic physical obstetrical exam that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used)
- Obstetric panel
- Ultrasound of pregnant uterus
- Pregnancy-related diagnosis code (For visits to a PCP, a diagnosis of pregnancy must be present)
- TORCH antibody panel (Toxoplasma, Rubella, Cytomegalovirus, and Herpes simplex testing)
- Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing (e.g., a prenatal visit with rubella and ABO, a prenatal visit with rubella and Rh, or a prenatal visit with rubella and ABO/Rh)
- Documented LMP or EDD with either a completed obstetric history or prenatal risk assessment and counseling/education

* For visits to a PCP, a diagnosis of pregnancy must be present along with any of the above.

## USING CORRECT BILLING CODES

Please note that global billing or bundling codes do not provide specific date information to count towards this measure.

| Description | Codes |
|---|---|
| Prenatal Care Visits | **CPT**: 99201-99205, 99211-99215, 99241-99245, 99500<br>**CPT II**: 0500F, 0501F, 0502F<br>**HCPCS**: H1000-H1004, T1015, G0463 **UB Rev**: 0514 |
| Obstetric Panel | **CPT:** 80055 |
| Prenatal Ultrasound | **CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828<br>**ICD-9 Procedure**: 88.78<br>***ICD-10 PCS**: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ |
| ABO and Rh | **CPT (ABO):** 86900 **CPT (Rh)**: 86901 |
| TORCH | **CPT (Toxoplasma):** 86777, 86778 **CPT (Rubella)**: 86762<br>**CPT (Cytomegalovirus):** 86644 **CPT (Herpes Simplex):** 86694, 86695, 86696 |
| Pregnancy Diagnosis (for PCP, use these codes and one of the codes above) | **ICD-9 Diagnosis**: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28<br>***ICD-10:** O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❒ Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- ❒ Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- ❒ Have a direct referral process to OB/GYN in place.
- ❒ Complete and submit Molina's pregnancy notification as soon as a pregnancy diagnosis is confirmed.
- ❒ Molina has a Motherhood Matters® program that you can refer patients to.

# HEDIS® Tips:
# Spirometry Testing in COPD Assessment

## MEASURE DESCRIPTION

Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received a spirometry testing to confirm the diagnosis in the 2 years prior to the diagnosis or within 6 months of the diagnosis.

## USING CORRECT BILLING CODES

**Codes to Identify COPD**

| Description | ICD-9 CM Diagnosis | *ICD-10 CM Diagnosis |
|---|---|---|
| Chronic bronchitis | 491.0, 491.1, 491.20-491.22, 491.8, 491.9 | J41.0, J41.1, J41.8, J42 |
| Emphysema | 492.0, 492.8 | J43.0, J43.1, J43.2, J43.8, J43.9 |
| COPD | 493.20, 493.21, 493.22, 496 | J44.0, J44.1, J44.9 |

*ICD-10 codes to be used on or after 10/1/15

**Codes to Identify Spirometry Testing**

| Description | CPT Codes |
|---|---|
| Spirometry | 94010, 94014-94016, 94060, 94070, 94375, 94620 |

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Spirometry testing for diagnosing COPD is standard of care.
- ❑ Perform spirometry test on patients newly diagnosed with COPD within 180 days to confirm diagnosis of COPD, evaluate severity, and assess current therapy. Note: If the patient had a spirometry performed in the previous 2 years to confirm the "new" diagnosis of COPD in the first place, they do not need a repeat.
- ❑ Ensure documentation of spirometry testing.
- ❑ Perform spirometry in office if equipment available. If equipment is not available in your office, arrange for patient to get the test completed at a location with spirometry equipment, for example, a pulmonology unit.
- ❑ Differentiate acute from chronic bronchitis and use correct code so that patient is not inadvertently put into the measure.
- ❑ Review problem lists and encounter forms and remove COPD / chronic bronchitis when the diagnosis was made in error.


Updated 8/2/2015

# HEDIS® Tips:
# Satin Therapy for Patients with Cardiovascular Disease

## MEASURE DESCRIPTION

The percentage of males 21-75 years and females 40-75 years who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- Received Statin Therapy. Patients were dispensed at least one high or moderate-intensity statin medication during the measurement year.
- Statin Adherence 80%. Patients remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

## USING CORRECT PRESCRIPTIONS

**High and Moderate-Intensity Statin Medications**

| Description | Prescription | |
|---|---|---|
| High-intensity statin therapy | • Atorvastatin 40–80 mg<br>• Amlodipine-atorvastatin 40-80 mg<br>• Ezetimibe-atorvastatin 40-80 mg | • Rosuvastatin 20–40 mg<br>• Simvastatin 80 mg<br>• Ezetimibe-simvastatin 80 mg |
| Moderate-intensity statin therapy | • Atorvastatin 10–20 mg<br>• Amlodipine-atorvastatin 10-20 mg<br>• Ezetimibe-atorvastatin 10-20 mg<br>• Rosuvastatin 5–10 mg<br>• Simvastatin 20–40 mg<br>• Ezetimibe-simvastatin 20-40 mg<br>• Niacin-simvastatin 20-40 mg<br>• Sitagliptin-simvastatin 20-40 mg | • Pravastatin 40–80 mg<br>• Aspirin-pravastatin 40-80 mg<br>• Lovastatin 40 mg<br>• Niacin-lovastatin 40 mg<br>• Fluvastatin XL 80 mg<br>• Fluvastatin 40 mg bid<br>• Pitavastatin 2–4 mg |

**Please refer to the Molina Healthcare Drug Formulary at www.molinahealthcare.com for statin medications that may require prior authorization or step therapy.*

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Continue to stress the value of prescribed medications for managing cardiovascular disease and the importance of adherence throughout the entire treatment period.
- ❑ Schedule appropriate follow-up with patients to assess if medication is taken as prescribed.
- ❑ Do not rely on the patient to follow through with scheduling subsequent appointments. Routinely arrange the next appointment when the patient is in the office. If the patient misses a scheduled appointment, office staff should contact the patient to assess why appointment was missed.
- ❑ Patients with at least six (6) chronic medications and at least three (3) qualifying diagnoses may be eligible for Medication Therapy Management (MTM) sessions. For additional information about MTM criteria and to request a referral, contact Health Care Services at your affiliated Molina Healthcare State plan.
- ❑ Provide smoking cessation and other interventions to eliminate or control risk factors.

# HEDIS® Tips:
# Statin Therapy for Patients with Diabetes

## MEASURE DESCRIPTION

The percentage of patients 40 – 75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. *Received Statin Therapy*. Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

### High, Moderate and Low-Intensity Statin Prescriptions

| Description | Prescription | |
|---|---|---|
| High-intensity statin therapy | • Atorvastatin 40-80 mg,<br>• Amlodipine-atorvastatin 40-80 mg<br>• Ezetimibe-atorvastatin 40-80 mg | • Rosuvastatin 20-40 mg<br>• Simvastatin 80 mg<br>• Ezetimibe-simvastatin 80 mg |
| Moderate-intensity statin therapy | • Atorvastatin 10-20 mg<br>• Amlodipine-atorvastatin 10-20 mg<br>• Ezetimibe-atorvastatin 10-20 mg<br>• Rosuvastatin 5-10 mg<br>• Simvastatin 20-40 mg<br>• Ezetimibe-simvastatin 20-40 mg<br>• Niacin-simvastatin 20-40 mg<br>• Sitagliptin-simvastatin 20-40 mg, | • Pravastatin 40-80 mg<br>• Aspirin-pravastatin 40-80 mg<br>• Lovastatin 40 mg<br>• Niacin-lovastatin 40 mg<br>• Fluvastatin XL 80 mg<br>• Fluvastatin 40 mg bid<br>• Pitavastatin 2-4 mg |
| Low-intensity statin therapy | • Simvastatin 10 mg<br>• Ezetimibe-simvastatin 10mg<br>• Sitagliptin-simvastatin 10 mg<br>• Pravastatin 10-20 mg<br>• Aspirin-pravastatin 20mg | • Lovastatin 20 mg<br>• Niacin-lovastatin 20 mg<br>• Fluvastatin 20-40 mg<br>• Pitavastatin 1 mg |

**Please refer to the Molina Healthcare Drug Formulary at www.molinahealthcare.com for statin medications that may require prior authorization or step therapy.*

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Educate patients on the following:
  - People with diabetes are 2 to 4 times more likely to develop heart disease or stroke.
  - Statins can help reduce the chance of developing heart disease and strokes.
  - Continue educating patients about the importance of adhering to their medication therapy and follow-up visits with their provider(s).
  - Strategies for remembering to take your medication.
- ❑ Schedule appropriate follow-up with patients to assess if medication is taken as prescribed.
- ❑ Do not rely on the patient to follow through with scheduling subsequent appointments. Routinely arrange the next appointment when the patient is in the office. If the patient misses a scheduled appointment, office staff should contact the patient to assess why appointment was missed.
- ❑ Patients with at least six (6) chronic medications and at least three (3) qualifying diagnoses may be eligible for Medication Therapy Management (MTM) sessions. For additional information about MTM criteria and to request a referral, contact Health Care Services at your affiliated Molina Healthcare State plan.

# HEDIS® Tips:
# Weight Assessment and Counseling

## MEASURE DESCRIPTION

Children 3-17 years of age who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of the following during the measurement year.

- BMI percentile documentation or BMI percentile plotted on age- growth chart (height, weight and BMI percentile must be documented)
- Counseling for nutrition or referral for nutrition education
- Counseling for physical activity or referral for physical activity

## USING CORRECT BILLING CODES

**Codes to Identify BMI Percentile, Counseling for Nutrition and Counseling for Physical Activity**

| Description | Codes |
|---|---|
| BMI Percentile | **ICD-9:** V85.51-V85.54<br>***ICD-10:** Z68.51-Z68.54 |
| Counseling for Nutrition | **CPT:** 97802-97804<br>**ICD-9:** V65.3<br>***ICD-10:** Z71.3<br>**HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470 |
| Counseling for Physical Activity | **ICD-9:** V65.41<br>**HCPCS:** S9451, G0447 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Use appropriate HEDIS codes to avoid medical record review.
- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits and sports physicals) to capture BMI percentile, counsel on nutrition and physical activity.
- ❑ Place BMI percentile charts near scales.
- ❑ When documenting **BMI percentile** include:
  - Height, weight and BMI percentile.
- ❑ When **counseling for nutrition** document:
  - Current nutrition behaviors (e.g. appetite or meal patterns, eating and dieting habits).
- ❑ When **counseling for physical activity** document:
  - Physical activity counseling (e.g. child rides tricycle in yard).
  - Current physical activity behaviors (e.g. exercise routine, participation in sports activities and exam for sports participation).
  - While “cleared for sports” does not count, a sports physical does count.
  - To meet criteria, notation of anticipatory guidance related solely to safety must include specific mention of physical activity recommendations.

# HEDIS® Tips:
# Well-Child Visits First 15 Months of Life

## MEASURE DESCRIPTION

Children who turned 15 months old during the measurement year and who had at least 6 well-child visits with a PCP prior to turning 15 months.

Well-child visits consists of all of the following:

- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

## USING CORRECT BILLING CODES

| Description | Codes |
|---|---|
| Well-Child Visits | **CPT:** 99381, 99382, 99391, 99392, 99461<br>**HCPCS**: G0438, G0439<br>**ICD-9:** V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9<br>***ICD-10:** Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, and lead testing.
- ❑ Make day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- ❑ Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/anticipatory guidance was given.
- ❑ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

# HEDIS® Tips:
# Well-Child Visits 3 - 6 Years

## MEASURE DESCRIPTION

Children 3 to 6 years of age who had one or more well-child visits with a PCP during the measurement year.

Well-child visits consists of all of the following:

- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

## USING CORRECT BILLING CODES

| Description | Codes |
|---|---|
| Well-Child Visits | **CPT:** 99382, 99383, 99392, 99393<br>**HCPCS**: G0438, G0439<br>**ICD-9:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9<br>***ICD-10:** Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 |

*ICD-10 codes to be used on or after 10/1/15

## HOW TO IMPROVE HEDIS® SCORES

- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, and BMI percentile calculations.
- ❑ Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- ❑ Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/anticipatory guidance was given.
- ❑ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

# MEDICAID HEDIS® REFERENCE SHEET FOR PROVIDERS

| ADULT HEDIS® MEASURES | | | | |
|---|---|---|---|---|
| | **HEDIS® Measure** | **Age** | **Requirement and Documentation** | **Billing Codes** |
| ALL ADULTS | Adult BMI Assessment | 18-74 years | ≥20 years: Documented body mass index (BMI) during the measurement year or the year prior<br><20 years: Documented BMI percentile during the measurement year or the year prior. | **ICD-9**: V85.0-V85.5<br>***ICD-10**: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45, Z68.51, Z68.52, Z68.53, Z68.54 |
| | Controlling High Blood Pressure | 18-85 years (hypertensive members) | • Members 18–59 years of age whose BP was <140/90 mm Hg.<br>• Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.<br>• Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. | **Codes to Identify Hypertension**<br>**ICD-9**: 401.0, 401.1, 401.9<br>***ICD-10**: I10 |
| WOMEN | Breast Cancer Screening | 50-74 years | One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.<br>*Exclusion: Bilateral mastectomy* | **CPT:** 77055-77057<br>**HCPCS:** G0202, G0204, G0206<br>**ICD-9PCS:** 87.36, 87.37<br>**UB Rev**: 0401, 0403 |
| | Cervical Cancer Screening | 21-64 years | Women who were screened for cervical cancer using either of the following criteria:<br>• Women age 24-64 who had cervical cytology performed every 3 years<br>• Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years<br>*Exclusion: Hysterectomy with no residual cervix* | **Codes to Identify Cervical Cytology**<br>**CPT**: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175<br>**HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091<br>**UB Rev**: 0923<br>**Codes to Identify HPV Tests**<br>**CPT:** 87620-87622, 87624, 87625 |
| | Chlamydia Screening | 16-24 years women | At least one Chlamydia test during the measurement year for sexually active women. | **CPT**: 87110, 87270, 87320, 87490-87492, 87810 |
| PRENATAL CARE | Timeliness of Prenatal Care | All pregnant women | Prenatal care visit in the first trimester or within 42 days of enrollment.<br>Prenatal care visit, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP*, with one of these:<br>• Basic physical obstetrical exam (e.g., auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height); standard prenatal flow sheet may be used<br>• Obstetric panel<br>• Ultrasound of pregnant uterus<br>• Pregnancy-related diagnosis code (For visits to a PCP, a diagnosis of pregnancy must be present)<br>• TORCH antibody panel (Toxoplasma, Rubella, Cytomegalovirus, and Herpes simplex testing)<br>• Rubella & ABO, Rubella & Rh, or Rubella & ABO/Rh test<br>• Documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/ education (for when the practitioner is a PCP)<br>* For visits to a PCP, a diagnosis of pregnancy must be present along with any of the above. | **Prenatal Care Visits**<br>**CPT**: 99201-99205, 99211-99215, 99241-99245, 99500<br>**CPT II**: 0500F, 0501F, 0502F **UB Rev**: 0514<br>**HCPCS**: H1000-H1004, T1015, G0463<br>**Obstetric Panel** CPT: 80055<br>**Prenatal Ultrasound CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828<br>**ICD-9 PCS**: 88.78 ***ICD-10 PCS**: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ<br>**ABO and Rh CPT (ABO):** 86900 **CPT (Rh)**: 86901<br>**TORCH CPT (Toxoplasma):** 86777, 86778<br>**CPT (Rubella)**: 86762 **CPT (Cytomegalovirus):** 86644<br>**CPT (Herpes Simplex):** 86694, 86695, 86696**Pregnancy Diagnosis: ICD-9**: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28<br>***ICD-10:** O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36 |
| | Frequency of Prenatal Care | All pregnant women | Completing at least 81% of expected prenatal care visits. The percentage is adjusted by the month of pregnancy at the time of enrollment and gestational age. A full 42 week gestational pregnancy is expected to have 16 prenatal care visits. | **Prenatal Care Visits** **CPT**: 99201-99205, 99211-99215, 99241-99245, 99500 **CPT II**: 0500F, 0501F, 0502F<br>**UB Rev**: 0514 **HCPCS**: H1000-H1004, T1015, G0463<br>**Obstetric Panel** **CPT**: 80055<br>**Prenatal Ultrasound** **CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828<br>**ICD-9 PCS**: 88.78 ***ICD-10 PCS**: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ<br>**ABO and Rh CPT (ABO):** 86900 **CPT (Rh)**: 86901<br>**TORCH CPT (Toxoplasma):** 86777, 86778<br>**CPT (Rubella)**: 86762 **CPT (Cytomegalovirus):** 86644<br>**CPT (Herpes Simplex):** 86694, 86695, 86696<br>**Pregnancy Diagnosis: ICD-9**: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28<br>***ICD-10:** O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36 |

* ICD-10 codes to be used on or after 10/1/2015.

Revised 10/23/2015

| ADULT HEDIS® MEASURES | | | | |
|---|---|---|---|---|
| | **HEDIS® Measure** | **Age** | **Requirement and Documentation** | **Billing Codes** |
| POSTPARTUM CARE | Postpartum Care | All women who delivered a baby | Postpartum visit for a pelvic exam or postpartum care with an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. A Pap test within 21-56 days after delivery also counts.<br>Documentation in the medical record must include a note with the date when the postpartum visit occurred and one of these:<br>• Pelvic exam, or<br>• Evaluation of weight, BP, breast and abdomen, or<br>• Notation of "postpartum care", PP check, PP care, six-week check notation, or pre-printed "Postpartum Care" form in which information was documented during the visit. | **Postpartum Visit**<br>**CPT**: 57170, 58300, 59430, 99501<br>**CPT II**: 0503F **HCPCS**: G0101<br>**ICD-9-CM**: V24.1, V24.2, V25.1, V72.3, V76.2<br>**ICD-9-PCS**: 89.26<br>***ICD-10-CM:** Z01.411, Z01.419, Z30.430, Z39.1, Z39.2<br><br>**Cervical Cytology**<br>**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175<br>**HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091<br>**UB Rev:** 0923 |
| DIABETES CARE | Comprehensive Diabetes Care | 18-75 years (diabetics) | All diabetic tests listed below completed during the measurement year. | **Codes to Identify Diabetes**<br>**ICD-9:** 250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04<br>***ICD-10:** E10, E11, E13, O24 |
| | Diabetes HbA1c Test and Control | 18-75 years (diabetics) | HbA1c test during the measurement year with the most recent test <8%. | **CPT:** 83036, 83037<br>**CPT II:** 3044F (if HbA1c<7%), 3045F (if HbA1c 7.0%-9.0%), 3046F (if HbA1c>9%) |
| | Diabetes Nephropathy Screening Test | 18-75 years (diabetics) | Nephropathy screening or monitoring test (urine protein test) during the measurement year.<br><br>Requirement also met if there is evidence of nephropathy during the measurement year: Visit to nephrologist, ACE/ARB therapy, or evidence of stage 4 chronic kidney disease, ESRD, or kidney transplant. | **Codes to Identify Nephropathy Screening (Urine Protein Tests)**<br>**CPT:** 81000-81003, 81005, 82042, 82043, 82044, 84156<br>**CPT II:** 3060F, 3061F, 3062F<br><br>**Codes to Identify Nephropathy Treatment**<br>**CPT II:** 3066F, 4010F<br>**ICD-9**: 250.4, 403-405, 580, 581-588, 753, 791<br>***ICD-10**: E08.2-E11.2, E13.2, I12, I13, I15, N00-N08, N14, N17, N18, N19, N25, N26, Q60, Q61, R80 |
| | Diabetes Retinal Eye Exam | 18-75 years (diabetics) | Eye exam (retinal or dilated) performed by an optometrist or ophthalmologist in the measurement year, or a negative retinal exam in the year prior. | **Codes to Identify Eye Exam (performed by optometrist or ophthalmologist)**<br>**CPT**: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245<br>**HCPCS**: S0620, S0621, S3000<br><br>**Codes to Identify Diabetic Retinal Screening with Eye Care Professional (billed by any provider)**<br>**CPT II**: 2022F, 2024F, 2026F, 3072F<br>**HCPCS**: S0625 (retinal telescreening) |
| RESPIRATORY | Spirometry Testing in COPD Assessment | 40 years and older | Members with a new diagnosis of COPD or newly active COPD need to receive appropriate spirometry testing to confirm the diagnosis. | **Codes to Identify COPD, Chronic Bronchitis, and Emphysema**<br>**ICD-9:** 491.0-491.1, 491.20-491.22, 491.8, 491.9, 492.0, 492.8, 493.20, 493.21, 493.22, 496<br>***ICD-10**: J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9<br><br>**Codes to Identify Spirometry Test**<br>**CPT:** 94010, 94014-94016, 94060, 94070, 94375, 94620 |
| | Adults with Acute Bronchitis | 18-64 years | Adults diagnosed with acute bronchitis **should not** be dispensed an antibiotic. | **Codes to Identify Acute Bronchitis**<br>**ICD-9:** 466.0<br>***ICD-10**: J20.3-J20.9 |

* ICD-10 codes to be used on or after 10/1/2015.

Revised 10/23/2015

| ADULT HEDIS® MEASURES | | | | |
|---|---|---|---|---|
| | **HEDIS® Measure** | **Age** | **Requirement and Documentation** | **Billing Codes** |
| RESPIRATORY | Pharmacotherapy Management of COPD | 40 years and older | For members who had an acute inpatient discharge or ED encounter with a principal diagnosis of COPD:<br>1. Dispense a systemic corticosteroid within 14 days of the discharge or ED visit<br>2. Dispense a bronchodilator within 30 days of the discharge or ED visit. | **Corticosteroid and Bronchodilator Medications**<br><br>**Systemic Corticosteroids (Glucocorticoids)**: Betamethasone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone, Triamcinolone<br>**Bronchodialators (anticholinergic agents)**: Albuterol-ipratropium, Aclidinium-bromide, Ipratropium, Tiotropium, Umeclidinium<br>**Bronchodialators (Beta 2-agonists):** Albuterol, Arformoterol, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol, Indacaterol, Levalbuterol, Mometasone-formoterol, Metaproterenol, Olodaterol hydrochloride, Pirbuterol, Salmeterol, Umeclidinium-vilanterol<br>**Bronchodialators (Methylxanthines)**: Amniophylline, Dysphylline-guaifenesin, Guaifenesin-theophylline, Dyphylline, Dyphylline-guaifenesin, Theophylline |
| BEHAVIORAL HEALTH | Antidepressant Medication Management | 18 years and older | For members diagnosed with major depression and newly treated with antidepressant medication, two rates are reported:<br><br>• *Effective Acute Phase Treatment.* The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).<br><br>• *Effective Continuation Phase Treatment.* The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months). | **Codes to Identify Major Depression**<br><br>**ICD-9**: 296.20-296.25, 296.30-296.35, 298.0, 311<br>***ICD-10**: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9<br><br>**Antidepressant Medications**<br><br>**Miscellaneous antidepressants:** Buproprion Vilazodone, Vortioxetine<br>**Phenylpiperazine antidepressants**: Nefazodone, Trazodone<br>**Psychotherapeutic combinations**: Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine<br>**SNRI antidepressants**: Desvenlafaxine, Levomilnacipran, Duloxetine, Venlafaxine<br>**SSRI antidepressants**: Citalopram Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline<br>**Tetracyclic antidepressants**: Maprotiline Mirtazapine<br>**Tricyclic antidepressants**: Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine,<br>**Monamine oxidase inhibitors**: Isocarboxazid Phenelzine, Selegiline, Tranylcypromine |

* ICD-10 codes to be used on or after 10/1/2015.

| | ADULT AND PEDIATRIC HEDIS® MEASURES | | | |
|---|---|---|---|---|
| | **HEDIS® Measure** | **Age** | **Requirement and Documentation** | **Billing Codes** |
| RESPIRATORY | Appropriate Medications for Asthmatics | 5-64 years persistent asthmatics | Dispense at least one prescription for an asthma controller medication during the measurement year. | **Codes to Identify Asthma**<br><br>**ICD-9:** 493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92<br>***ICD-10**: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45,41, J45.42, J45,50, J45,51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998<br><br>**Asthma Controller Medications**<br><br>**Antiasthmatic combinations:** Dyphylline-guaifenesin, Guaifenesin-theophylline<br>**Antibody inhibitor**: Omalizumab<br>**Inhaled steroid combinations**: Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol<br>**Inhaled corticosteroids**: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free<br>**Leukotriene modifiers**: Montelukast, Zafirlukast, Zileuton<br>**Mast cell stabilizers**: Cromolyn<br>**Methylxanthines**: Aminophylline, Dyphylline, Theophylline |
| | Medication Management for People with Asthma | 5-64 years persistent asthmatics | Members who were dispensed asthma controller medications and remained on medications. Two rates are used:<br><br>• Remained on asthma controller medication for at least 50% during the measurement year.<br><br>• Remained on asthma controller medication for at least 75% during the measurement year. | **Codes to Identify Asthma**<br><br>**ICD-9:** 493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92<br>***ICD-10**: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45,41, J45.42, J45,50, J45,51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998<br><br>**Asthma Controller Medications**<br><br>**Antiasthmatic combinations:** Dyphylline-guaifenesin, Guaifenesin-theophylline<br>**Antibody inhibitor**: Omalizumab<br>**Inhaled steroid combinations**: Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol<br>**Inhaled corticosteroids**: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free<br>**Leukotriene modifiers**: Montelukast, Zafirlukast, Zileuton<br>**Mast cell stabilizers**: Cromolyn<br>**Methylxanthines**: Aminophylline, Dyphylline, Theophylline |
| | Asthma Medication Ratio | 5-64 years persistent asthmatics | Ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. | **Codes to Identify Asthma**<br><br>**ICD-9:** 493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92<br>***ICD-10**: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45,41, J45.42, J45,50, J45,51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998<br><br>**Asthma Controller Medications**<br><br>**Antiasthmatic combinations:** Dyphylline-guaifenesin, Guaifenesin-theophylline<br>**Antibody inhibitor**: Omalizumab<br>**Inhaled steroid combinations**: Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol<br>**Inhaled corticosteroids**: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free<br>**Leukotriene modifiers**: Montelukast, Zafirlukast, Zileuton<br>**Mast cell stabilizers**: Cromolyn<br>**Methylxanthines**: Aminophylline, Dyphylline, Theophylline |

* ICD-10 codes to be used on or after 10/1/2015.

| | ADULT AND PEDIATRIC HEDIS® MEASURES | | | |
|---|---|---|---|---|
| | **HEDIS® Measure** | **Age** | **Requirement and Documentation** | **Billing Codes** |
| BEHAVIORAL HEALTH | Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment | 13 years and older | For new episodes of alcohol or other drug (AOD) dependence:<br>• *Initiation of AOD Treatment.* Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.<br>• *Engagement of AOD Treatment.* Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. | **Codes to Identify AOD Dependence**<br>**ICD-9**: 291.0-291.5, 291.81, 291.82, 291.89, 291.9, 303.00-303.02, 303.90-303.92, 304.00-304.02, 304.10-304.12, 304.20-304.22, 304.30-304.32, 304.40-304.42, 304.50-304.52, 304.60-304.62, 304.70-304.72, 304.80-304.82, 304.90-304.92, 305.00-305.02, 305.20-305.22, 305.30-305.32, 305.40-305.42, 305.50-305.52, 305.60-305.62, 305.70-305.72, 305.80-305.82, 305.90-305.92, 535.30, 535.31, 571.1<br>***ICD-10**: F10.10-F10.20, F10.22-F10.29, F11.10-F11.20, F11.22-F11.29, F12.10-F12.22-F12.29, F13.10-F13.20, F13.22-F13.29, F14.10-F14.20, F14.22-F14.29, F15.10-F15.20, F15.22-F15.29, F16.10-F16.20, F16.22-F16.29, F18.10-F18.20, F18.22-F18.29, F19.10-F19.20, F19.22-F19.29,<br>**Codes to Identify Outpatient, Intensive Outpatient and Partial Hospitalization Visits (use with diagnosis codes above)**<br>**CPT**: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510<br>**HCPCS**: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015<br>**UB Rev**: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983<br>**CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876<br>**CPT with POS 52, 53:** 99221-99223, 99231-99233, 99238, 99239, 99251-99255 |
| | Follow-up After Hospitalization for Mental Illness | 6 years and older | Members hospitalized for treatment of selected mental health disorders need to have an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days and 30 days of discharge. | **Codes to Identify Visits (must be with mental health practitioner)**<br>**CPT**: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510<br>**HCPCS**: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015<br>**UB Rev (visit in a behavioral health setting)**: 0513, 0900-0905, 0907, 0911-0919<br>**UB Rev (visit in a non-behavioral health setting):** 0510, 0515-0523, 0526-0529, 0982, 0983<br>**CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876<br>**CPT with POS 52, 53**: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 |

* ICD-10 codes to be used on or after 10/1/2015.

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| PEDIATRIC HEDIS® MEASURES | | | | |
|---|---|---|---|---|
| | **HEDIS Measure** | **Age** | **Requirement and Documentation** | **Billing Codes** |
| WELL VISITS | Children and Adolescents' Access to Primary Care Practitioners | 12 months-19 years | PCP visit for children 12-24 months and 25 months-6 years during the measurement year.<br><br>PCP visit for children 7-11 years and adolescents 12-19 years during the measurement year or the year prior to measurement year. | **CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429<br>**HCPCS**: G0402, G0438, G0439, G0463<br>**ICD-9**: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9<br>***ICD-10**: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9<br>**UB Rev**: 0510-0517, 0519-0523, 0526-0529, 0982, 0983 |
| | Well Child Visits 0-15 Months of Life | 0-15 months | Six or more well-child visits* 0 to 15 months.<br><br>*Document health history, physical developmental history, mental developmental history, physical exam AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition) | **CPT:** 99381, 99382, 99391, 99392, 99461<br>**HCPCS:** G0438, G0439<br>**ICD-9:** V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9<br>***ICD-10**: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 |
| | Well-Child Visits 3-6 Years | 3-6 years | One or more well-child visits* with a PCP during the measurement year.<br><br>*Document health history, physical developmental history, mental developmental history, physical exam AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition, exercise) | **CPT:** 99382, 99383, 99392, 99393<br>**HCPCS:** G0438, G0439<br>**ICD-9:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9<br>***ICD-10**: Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 |
| | Adolescent Well Care Visit | 12-21 years | One comprehensive well-care visit* with a PCP or OB/GYN during the measurement year<br><br>*Document health history, physical developmental history, mental developmental history, physical exam AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition, exercise) | **CPT:** 99384, 99385, 99394, 99395<br>**HCPCS:** G0438, G0439<br>**ICD-9:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9<br>***ICD-10**: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 |
| | Weight Assessment and Counseling | 3-17 years | Outpatient visit during the measurement year with a PCP or OB/GYN with the following:<br>• BMI percentile<br>• Counseling for nutrition (diet) or referral for nutrition education<br>• Counseling for physical activity (sports participation/exercise) or referral for physical activity | **BMI Percentile**<br>**ICD-9:** V85.51-V85.54<br>***ICD-10**: Z68.51-Z68.54<br>**Counseling for Nutrition**<br>**CPT:** 97802-97804 **ICD-9:** V65.3 ***ICD-10**: Z71.3<br>**HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470<br>**Counseling for Physical Activity**<br>**ICD-9:** V65.41 **HCPCS:** G0447, S9451 |
| DENTAL | Annual Dental Visit | 2-21 years | At least one dental visit with a dental practitioner during the measurement year. | **CPT:** 70300, 70310, 70320, 70350, 70355<br>**HCPCS:** D0120, D0140, D0145, D0-150--D0999, D1110-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D5994, D6010-D6205, D7111-D7999, D8010-D8999, D9110-D9999 |
| IMMUNIZATIONS / LEAD | Lead Screening | 0-2 years | At least one lead capillary or venous blood test **on or before age 2**. | **CPT:** 83655 |
| | Childhood Immunizations | 0-2 years | Vaccines need to be administered **by age 2:**<br><br>4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 pneumococcal conjugate (PCV), 1 Hep A, 2-3 Rotavirus and 2 flu vaccines | **CPT: DTaP** 90698, 90700, 90721, 90723; **IPV** 90698, 90713, 90723; **MMR** 90707, 90710; **HiB** 90644-90648, 90698, 90721, 90748; **Hep B (newborn): ICD-9**: 99.55; **ICD-10***: 3E0234Z **Hep B** 90723, 90740, 90744, 90747, 90748; **PCV** 90669, 90670; **VZV** 90710, 90716; **Hep A** 90633; **Flu** 90630, 90655, 90657, 90661, 90662, 90673, 90685; G0008 (**HCPCS**) **RV** 90681 (2 dose) or **RV** 90680 (3 dose) |
| | Immunizations for Adolescents | 11-13 years | One dose of meningococcal vaccine and one Tdap or one Td **on or before the 13th birthday**. | **Meningococcal CPT:** 90733, 90734 **Tdap CPT:** 90715 or **Td CPT:** 90714, 90718 |
| | Human Papilloma-virus Vaccine | Females 9-13 years | At least three HPV vaccinations **on or between the 9th and 13th birthdays.** | **CPT:** 90649, 90650, 90651 |

* ICD-10 codes to be used on or after 10/1/2015.

Revised 10/23/2015

| PEDIATRIC HEDIS® MEASURES | | | | |
|---|---|---|---|---|
| | **HEDIS Measure** | **Age** | **Requirement and Documentation** | **Billing Codes** |
| RESPIRATORY | Appropriate Tx for Children w/ URI | 3 months-18 years | If diagnosed with upper respiratory infection (URI), an antibiotic **should not** be dispensed. | **Codes to Identify URI**<br>**ICD-9:** 460, 465.0, 465.8, 465.9<br>***ICD-10**: J00, J06.0, J06.9 |
| | Appropriate Testing for Children with Pharyngitis | 3-18 years | If a child was diagnosed with pharyngitis and dispensed an antibiotic, a Group A strep test should have been performed within 3 days prior to the diagnosis date through the 3 days after the diagnosis date. | **Codes to Identify Pharyngitis**<br>**ICD-9:** 462, 463, 034.0<br>***ICD-10**: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91<br><br>**Codes to Identify Group A strep tests**<br>**CPT**: 87070, 87071, 87081, 87430, 87650-87652, 87880 |
| BEHAVIORAL HEALTH | Follow-up Care for Children Prescribed ADHD Medication | 6-12 years | Children 6-12 years of age who have been newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication need to have at least three follow-up care visits within a 10-month period.<br><br>Note: One visit needs to be within 30 days of when the first ADHD medication was dispensed. One visit after the initial 30 days can be a telephone visit with a practitioner. | **Codes to Identify Follow-up Visits**<br>**CPT:** 90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510<br>**CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72**<br>90791, 90792, 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876<br>**CPT with POS 52, 53**<br>99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**Codes to Identify Telephone Visits**<br>98966-98968, 99441-99443 |

* ICD-10 codes to be used on or after 10/1/2015.

Revised 10/23/2015

# MEDICARE HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

| | HEDIS® Measure | Age | Requirement and Documentation | Billing Codes and Medications |
|---|---|---|---|---|
| PREVENTIVE SCREENINGS AND VACCINATIONS | Adult Access to PCP | 20 years and older | Ambulatory or preventive care visit during the measurement year. | **CPT:** 92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429<br>**ICD-9:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9<br>****ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9 |
| | Adult BMI Assessment* | 18-74 years | ≥20 years: Documented body mass index (BMI) during the measurement year or the year prior.<br><br><20 years: Documented BMI percentile during the measurement year or the year prior. | **ICD-9**: V85.0-V85.5<br>****ICD-10**: Z68.1, Z68.20-Z68.45, Z68.51-Z68.54 |
| | Care for Older Adults* | 66 years and older | Evidence of each of the following during the measurement year:<br>• Advance Care Planning (advance directive, living will or discussion with date)<br>• Medication Review* by prescribing practitioner or clinical pharmacist and presence of medication list with date<br>• Functional Status Assessment* (e.g., ADLs, IADLs, OR assess ≥3 of these functions: cognitive status, ambulation status, sensory ability, functional independence)<br>• Pain Assessment* (e.g., numeric rating scales, pain thermometer, Faces Pain Scale) | **Advance care planning**<br>**CPT:** 99497<br>**CPT II:** 1157F, 1158F<br>**HCPCS**: S0257<br><br>**Medication review**<br>**CPT:** 90863, 99605, 99606; **CPT II:** 1160F<br><br>**Medication list**<br>**CPT II**: 1159F **HCPCS**: G8427<br><br>**Functional status assessment**<br>**CPT II:** 1170F<br><br>**Pain assessment**<br>**CPT II:** 1125F, 1126F |
| | Colorectal Cancer Screening* | 50-75 years | One or more screenings for colorectal cancer:<br>• FOBT (guaiac or immunochemical) during the measurement year<br>• Flexible sigmoidoscopy during the measurement year or the 4 years prior<br>• Colonoscopy during the measurement year or 9 years prior<br>Note: FOBT tests performed in an office or performed on a sample collected via a digital rectal exam (DRE) do not meet criteria.<br>Exclusions: Colorectal cancer or total colectomy. | **FOBT**<br>**CPT**: 82270, 82274; **HCPCS**: G0328<br>**Flexible Sigmoidoscopy**<br>**CPT**: 45330-45335, 45337-45342, 45345-45347, 45349, 45350<br>**HCPCS**: G0104 **ICD-9 PCS**: 45.24<br>**Colonoscopy**<br>**CPT**: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398<br>**HCPCS**: G0105, G0121<br>**ICD-9 PCS**: 45.22, 45.23, 45.25, 45.42, 45.43 |
| | Breast Cancer Screening* | Women 50-74 years | One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.<br>Exclusion: Bilateral mastectomy. | **CPT:** 77055-77057<br>**HCPCS:** G0202, G0204, G0206<br>**ICD-9 PCS:** 87.36, 87.37<br>**UB Rev**: 401, 403 |
| | Flu Vaccination* | All | Received an influenza vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed. | Data is collected through the Medicare CAHPS survey (member-reported). |
| | Pneumococcal Vaccination | 65 years and older | Received a pneumococcal vaccine any time. | Data is collected through the Medicare CAHPS survey (member-reported). |

Note: Measures with an asterisk (*) indicate STAR Rating measures. (**) ICD-10 codes to be used on or after 10/1/2015.

| | HEDIS® Measure | Age | Requirement and Documentation | Billing Codes and Medications |
|---|---|---|---|---|
| HEALTH OUTCOMES SURVEY (HOS) | Fall Risk Management* | 65 years and older | Members with balance/walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner. | Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported). |
| | Monitoring Physical Activity* | 65 years and older | Members 65 years of age or older who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level exercise or physical activity. | Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported). |
| | Improving Bladder Control* | 65 years and older | Members 65 years of age or older who reported having a urine leakage problem in the past six months and who received treatment for their current urine leakage problem. | Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported). |
| | Improving or Maintaining Mental Health* | Sampled Medicare members | The percentage of sampled Medicare enrollees whose mental health status were the same or better than expected. | Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported). |
| | Improving or Maintaining Physical Health* | Sampled Medicare members | The percentage of sampled Medicare enrollees whose physical health status were the same, or better than expected. | Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported). |
| DIABETES | Diabetes HbA1c Test and Control* | 18-75 years (diabetics) | HbA1c test during the measurement year with the most recent test ≤9%. | **CPT:** 83036, 83037 **CPT II:** 3044F (if HbA1c<7%), 3045F (if HbA1c 7.0%-9.0%), 3046F (if HbA1c >9%) |
| | Diabetes Nephropathy Screening Test* | 18-75 years (diabetics) | Nephropathy screening (urine protein test) during the measurement year. Requirement also met if evidence of nephropathy during measurement year: Nephrologist visit, ACE/ARB, CKD ESRD, kidney transplant. | **Codes to Identify Urine Protein Test**<br>**CPT:** 81000-81003, 81005, 82042, 82043, 82044, 84156<br>**CPT II:** 3060F, 3061F, 3062F |
| | Diabetes Retinal Eye Exam* | 18-75 years (diabetics) | Eye exam (retinal or dilated) performed by an optometrist or ophthalmologist in the measurement year, or a negative retinal exam in the year prior. | **Codes to Identify Retinal or Dilated Eye Exam**<br>**CPT**: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 **HCPCS**: S0620, S0621, S0625, S3000<br>**CPT II:** 2022F, 2024F, 2026F, 3072F |
| | Statin Therapy for Patients with Diabetes | 40-75 years (diabetics w/o clinical ASCVD) | Members with diabetics who do not have clinical atherosclerotic cardiovascular disease (ASCVD):<br>• *Received Statin Therapy*: Dispensed at least one statin medication of any intensity during the measurement year.<br>• *Statin Adherence 80%*: Remained on statin medication of any intensity for at least 80% of the treatment period. | **Statin Medications**<br>**High-intensity statin therapy:**<br>Atorvastatin 40–80 mg, Amlodipine-atorvastatin 40–80 mg, Ezetimibe-atorvastatin 40–80 mg, Rosuvastatin 20–40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg<br>**Moderate-intensity statin therapy:**<br>Atorvastatin 10–20 mg, Amlodipine-atorvastatin 10–20 mg, Ezetimibe-atorvastatin 10–20 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Ezetimibe-simvastatin 20–40 mg, Niacin-simvastatin 20–40 mg, Sitagliptin-simvastatin 20–40 mg, Pravastatin 40–80 mg, Aspirin-pravastatin 40–80 mg, Lovastatin 40 mg, Niacin-lovastatin 40 mg, Fluvastatin XL 80 mg, Fluvastatin 40 mg bid, Pitavastatin 2–4 mg<br>**Low-intensity statin therapy:**<br>Simvastatin 10 mg, Ezetimibe-simvastatin 10 mg, Sitagliptin-simvastatin 10 mg, Pravastatin 10–20 mg, Aspirin-pravastatin 20 mg, Lovastatin 20 mg, Niacin-lovastatin 20 mg, Fluvastatin 20–40 mg, Pitavastatin 1 mg |

Note: Measures with an asterisk (*) indicate STAR rating measures. (**) ICD-10 codes to be used on or after 10/1/2015.

| | HEDIS® Measure | Age | Requirement and Documentation | Billing Codes and Medications |
|---|---|---|---|---|
| CARDIOVASCULAR | Controlling High Blood Pressure* | 18-85 years (hypertensive members) | • Members 18-59 years of age whose BP was <140/90 mm Hg.<br>• Members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.<br>• Members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. | **Codes to Identify Hypertension**<br>**ICD-9**: 401, 401.1, 401.9<br>****ICD-10**: I10 |
| | Statin Therapy for Patients with Cardiovascular Disease | Males 21-75 years and females 40-75 years | Members with clinical atherosclerotic cardiovascular disease (ASCVD):<br>• *Received Statin Therapy*: Dispensed at least one high or moderate-intensity statin medication during the measurement year.<br>• *Statin Adherence*: Remained on a high or moderate-intensity statin medication for at least 80% of the treatment period. | **High-Intensity Statin Medication**<br>Atorvastatin 40–80 mg<br>Amlodipine-atorvastatin 40-80 mg<br>Ezetimibe-atorvastatin 40-80 mg<br>Rosuvastatin 20–40 mg<br>Simvastatin 80 mg<br>Ezetimibe-simvastatin 80 mg<br><br>**Moderate-Intensity Statin Therapy**<br>Atorvastatin 10–20 mg<br>Amlodipine-atorvastatin 10-20 mg<br>Ezetimibe-atorvastatin 10-20 mg<br>Rosuvastatin 5–10 mg<br>Simvastatin 20–40 mg<br>Ezetimibe-simvastatin 20-40 mg<br>Niacin-simvastatin 20-40 mg<br>Sitagliptin-simvastatin 20-40 mg<br>Pravastatin 40–80 mg<br>Aspirin-pravastatin 40-80 mg<br>Lovastatin 40 mg<br>Niacin-lovastatin 40 mg<br>Fluvastatin XL 80 mg<br>Fluvastatin 40 mg bid<br>Pitavastatin 2–4 mg |
| | Persistence of Beta Blocker Treatment after a Heart Attack | 18 years and older | For members who were hospitalized and discharged with a diagnosis of Acute Myocardial Infarction (AMI), dispense persistent beta-blocker treatment for 6 months after discharge. | **Beta Blocker Medications**<br><br>**Noncardioselctive betablockers:**<br>Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propanolol, Timolol, Sotalol<br><br>**Cardioselective beta-blockers**: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol<br><br>**Antihypertensive combinations**: Atenolol-chlorthalidone, Bencroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrohlorothiazide-propanolol |

Note: Measures with an asterisk (*) indicate STAR rating measures. (**) ICD-10 codes to be used on or after 10/1/2015.

| | HEDIS® Measure | Age | Requirement and Documentation | Billing Codes and Medications |
|---|---|---|---|---|
| MUSCULOSKLETAL | DMARD for Rheumatoid Arthritis* | 18 years and older with rheumatoid arthritis | Dispense at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) to members diagnosed with rheumatoid arthritis. | **Codes to Identify Rheumatoid Arthritis**<br>**ICD-9**: 714, 714.1, 714.2, 714.81<br>****ICD-10:** M05, M06<br><br>**DMARD Medications:**<br>**5-Aminosalicyclates**: Sulfasalazine<br>**Alkylating agents**: Cyclophospahmide<br>**Aminoquinolines**: Hydroxychloroquine<br>**Anti-rheumatics**: Auranofin, Gold sodium thiomalate, Leflunomide, Methotrexate, Penicillamine<br>**Immunomodulators**: Abatacept, Adalimumab, Anakinra, Certolizumab, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Tocilizu:mab<br>**Immunosuppressive agents**: Azathiprine, Cyclosporine, Mycophenolate<br>**Janus kinase (JAK) inhibitor**: Tofacitinib<br>**Tetracyclines**: Minocycline<br><br>**Codes to Identify DMARD Medications**<br>**HCPCS**: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310 |
| | Osteoporosis Management for Fractures* | Women 67-85 years | Bone mineral density test or medication to treat/prevent osteoporosis in the 6 months after a fracture. | **Bone Mineral Test:**<br>**CPT:** 76977, 77078, 77080-77082, 77085<br>**HCPCS**: G0130 **ICD-9 PCS**: 88.98<br>****ICD-10**: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1<br><br>**Codes to Identify Osteoporosis Medications:**<br>**HCPCS:** J0630, J0897, J1000, J1740, J3110, J3487, J3488, J3489, Q2051<br>**HCPCS** (long-acting osteoporosis medications for inpatient stays only): J0897, J1740, J3487, J3488, J3489, Q2051<br><br>**Osteoporosis Medications:** Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid, Calcitonin, Denosumab, Raloxifene, Teriparatide |
| USE/OVERUSE | Plan All Cause Readmissions* | 65 years and older | Acute inpatient stays followed by an acute readmission for any diagnosis within 30 days. | Not applicable. |
| | Non-Recommended PSA-Based Screening in Older Men | Men 70 years and older | Men 70 years and older should not be screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. *A lower rate indicates better performance.*<br><br>Exclusions:<br>• Prostate cancer at any time<br>• Dysplasia of the prostate during the measurement year or year prior<br>• An elevated PSA test result (>4.0 ng/mL) during the year prior to measurement year<br>• Dispensed prescription for 5-alpha reductase inhibitor (5-ARI) during measurement year | **Codes to Identify PSA Tests**<br>**CPT**: 84152, 84153, 84154<br>**HCPCS**: G0103 |

Note: Measures with an asterisk (*) indicate STAR rating measures. (**) ICD-10 codes to be used on or after 10/1/2015.

| | HEDIS® Measure | Age | Requirement and Documentation | Billing Codes and Medications |
|---|---|---|---|---|
| MEDICATION MANAGEMENT | Annual Monitoring Patients on Persistent Medications | 18 years and older | Adults 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.<br>• *Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB):* Need either a lab panel test **or** a serum potassium test and a serum creatinine test<br>• *Annual monitoring for members on digoxin:* Need either a lab panel test and a serum digoxin text, **or** a serum potassium test and a serum creatinine test and a serum digoxin test<br>• *Annual monitoring for members on diuretics:* Need a lab panel test **or** a serum potassium test and a serum creatinine test | **Codes to Identify Lab Panel**<br>CPT: 80047, 80048, 80050, 80053, 80069<br><br>**Codes to Identify Serum Potassium**<br>CPT: 80051, 84132<br><br>**Codes to Identify Serum Creatinine**<br>CPT: 82565, 82575<br><br>**Codes to Identify Digoxin Level**<br>CPT: 80162 |
| RESPIRATORY | Pharmacotherapy Management of COPD | 40 years and older | For members who had an acute inpatient discharge or ED encounter with a primary diagnosis of COPD, emphysema, or chronic bronchitis:<br>• Dispense a systemic corticosteroid within 14 days of the discharge or ED visit<br>• Dispense a bronchodilator within 30 days of the discharge or ED visit. | **Codes to Identify COPD**<br>**ICD9**: 493.20, 493.21, 493.22, 496<br>****ICD10**: J44.0, J44.1, J44.9<br>**Codes to Identify Emphysema**<br>**ICD9**: 492.0, 492.8<br>****ICD-10**: J43.0, J43.1, J43.2, J43.8, J43.9<br>**Codes to Identify Chronic Bronchitis**<br>**ICD9**: 491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9<br>****ICD-10**: J41.0, J41.1, J41.8, J42<br><br>**Systemic Corticosteroids**: Betamethasone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone, Triamcinolone<br>**Bronchodialators (anticholinergic agents)**: Albuterol-ipratropium, Aclidinium-bromide, Ipratropium, Tiotropium<br>**Bronchodialators (Beta 2-agonists):** Albuterol, Arformoterol, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol, Indacaterol, Levalbuterol, Mometasone-formoterol, Metaproterenol, Pirbuterol, Salmeterol<br>**Bronchodialators (Methylxanthines)**: Amniophylline, Dysphylline-guaifenesin, Guaifenesin-theophylline, Dyphylline, Theophylline |
| | Spirometry Testing in COPD Assessment | 40 years and older | Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received a spirometry testing to confirm the diagnosis in the 2 years prior to the diagnosis or within 6 months of the diagnosis. | **Codes to Identify Spirometry Testing**<br>CPT: 94010, 94014-94016, 94060, 94070, 94375, 94620 |

Note: Measures with an asterisk (*) indicate STAR rating measures. (**) ICD-10 codes to be used on or after 10/1/2015.

| | HEDIS® Measure | Age | Requirement and Documentation | Billing Codes and Medications |
|---|---|---|---|---|
| BEHAVIORAL HEALTH | Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment | 13 years and older | For new episodes of AOD dependence:<br><br>• *Initiation of AOD Treatment.* Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.<br><br>• *Engagement of AOD Treatment.* Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.<br><br>Note: Must initiate treatment within 14 days of diagnosis. | **Codes to Identify AOD Dependence**<br><br>**ICD-9**: 291.0-291.5, 291.81, 291.82, 291.89, 291.9, 303.00-303.02, 303.90-303.92, 304.00-304.02, 304.10-304.12, 304.20-304.22, 304.30-304.32, 304.40-304.42, 304.50-304.52, 304.60-304.62, 304.70-304.72, 304.80-304.82, 304.90-304.92, 305.00-305.02, 305.20-305.22, 305.30-305.32, 305.40-305.42, 305.50-305.52, 305.60-305.62, 305.70-305.72, 305.80-305.82, 305.90-305.92, 535.30, 535.31, 571.1<br><br>****ICD-10**: F10.10-F10.20, F10.22-F10.29, F11.10-F11.20, F11.22-F11.29, F12.10-F12.22-F12.29, F13.10-F13.20, F13.22-F13.29, F14.10-F14.20, F14.22-F14.29, F15.10-F15.20, F15.22-F15.29, F16.10-F16.20, F16.22-F16.29, F18.10-F18.20, F18.22-F18.29, F19.10-F19.20, F19.22-F19.29<br><br>**Codes to Identify Outpatient, Intensive Outpatient and Partial Hospitalization Visits (use with diagnosis codes above)**<br><br>**CPT**: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510<br><br>**HCPCS**: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015<br><br>**UB Rev**: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983<br><br>**CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876<br><br>**CPT with POS 52, 53:** 99221-99223, 99231-99233, 99238, 99239, 99251-99255 |

Note: Measures with an asterisk (*) indicate STAR rating measures. (**) ICD-10 codes to be used on or after 10/1/2015.

| | HEDIS® Measure | Age | Requirement and Documentation | Billing Codes and Medications |
|---|---|---|---|---|
| BEHAVIORAL HEALTH | Follow-up After Hospitalization for Mental Illness | 6 years and older | Members hospitalized for treatment of selected mental health disorders need to have an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days and 30 days of discharge. | **Codes to Identify Visits (must be with mental health practitioner)**<br>**CPT**: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510<br>**CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876<br>**CPT with POS 52, 53**: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 |
| | Antidepressant Medication Management | 18 years and older | For members diagnosed with major depression and newly treated with antidepressant medication, two rates are reported:<br>• *Effective Acute Phase Treatment.* The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).<br>• *Effective Continuation Phase Treatment.* The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months). | **Codes to Identify Major Depression**<br>**ICD-9 Diagnosis**: 296.20-296.25, 296.30-296.35, 298.0, 311<br>***ICD-10**: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9<br><br>**Antidepressant Medications**<br>**Miscellaneous antidepressants:** Buproprion Vilazodone, Vortioxetine<br>**Phenylpiperazine antidepressants**: Nefazodone, Trazodone<br>**Psychotherapeutic combinations**: Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine<br>**SNRI antidepressants**: Desvenlafaxine, Levomilnacipran, Duloxetine, Venlafaxine<br>**SSRI antidepressants**: Citalopram Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline<br>**Tetracyclic antidepressants**: Maprotiline Mirtazapine<br>**Tricyclic antidepressants**: Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine,<br>**Monamine oxidase inhibitors**: Isocarboxazid Phenelzine, Selegiline, Tranylcypromine |

Note: Measures with an asterisk (*) indicate STAR rating measures. (**) ICD-10 codes to be used on or after 10/1/2015.

**Please visit the Molina Healthcare Provider Web Portal for the most up to date HEDIS® Tips at www.MolinaHealthcare.com.

# Medicare Star Rating System

## What is the Star Rating System?

The Star Rating System began in 2007 as a way for Centers for Medicare and Medicaid Services (CMS) and Medicare beneficiaries to assess the quality of Medicare Advantage (MA) health plans. The Affordable Care Act (ACA) created financial incentives, known as Quality Bonus Payments (QBP), to drive improvements in clinical quality and customer satisfaction. MA health plans must score 4 stars or better to qualify for QBP.

CMS has increased the role clinical performance metrics play in determining the overall Star Rating. Only 49 percent of the metrics used to calculate the first-year bonus payments were related to clinical quality, and their weighting was equivalent to the contract performance and customer satisfaction metrics. At present, 63 percent of the metrics are based on clinical quality, and there is much greater emphasis on outcome, rather than process, metrics—outcome metrics carry three times the weight of other metrics in the overall scoring.

## How are the Star Ratings calculated?

MA Star ratings are based primarily on data collected on performance measures drawn from five sources:

1. Healthcare Effectiveness Data and Information Set (HEDIS®), created by NCQA (National Committee for Quality Assurance), is a set of performance measures designed to assess a plan's clinical effectiveness, accessibility to members, and use of resources.
2. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey developed under the aegis of the Agency for Healthcare Research and Quality and CMS to assess a patient's experience of care.
3. Health Outcomes Survey (HOS) is a survey sponsored by CMS that gathers health status data from Medicare beneficiaries.
4. CMS administrative data support measures such as call center performance, volume of complaints, and beneficiary disenrollment.
5. Part D measures developed by the Pharmacy Quality Alliance are now included among the measure for MA-Prescription Drug Plan (PDP).

Evidence is emerging that the ratings influence senior's purchasing decision (albeit they are not necessarily the sole determinant of those decisions). A cross sectional study of seniors enrolling in MA for the first time, or switching MA plans, found that each incremental Star was associated with a 9.5 percent increase in the probability of plan selection. In 2009, only 17 percent of MA members were enrolled in plans with 4 or more Stars. If enrollees stay in their current MA plans in 2015, that number will be approximately 60 percent.

Stars performance is important not only because others have shown that it correlates with market share, but also because it results in higher payments, contributing to healthy plan economics, richer benefit packages, and the ability to invest in new plan capabilities.

Overall, Medicare beneficiaries have the option to choose their own Medicare health plan. Star Ratings is a consumer-facing "Five Star Program" to help beneficiaries compare quality among health plans. (5=best on a scale of 1-5)

# Star Rating Measures Provider Guide

## 2016 Reporting Year
## 2015 Measurement Year

**What are the Medicare Star Ratings?**
The Centers for Medicare and Medicaid Services (CMS) uses a 5-star quality rating system to measure how well health plans and physicians are providing care to Medicare members. The Medicare Star Rating scores are derived from HEDIS®, CAHPS® (member satisfaction survey), Health Outcomes Survey (member survey about health status), and CMS administrative data. Plans are scored and paid by CMS based on the overall Star Rating performance.

**What Can Providers Do to Help?**

- Ensure patients are up-to-date with their annual physical exam and health screenings, including related lab orders and referrals to specialists, such as ophthalmology.
- Submit complete and accurate encounters/claims with appropriate codes.
- Ensure patients understand what they need to do.
- Help your patients manage their chronic conditions, such as high blood pressure and diabetes.

| HYPERTENSION CARE MEASURES | WHAT SERVICES ARE NEEDED |
|---|---|
| **Medication Management** | • Encourage patients to adhere to their prescription regimens for angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) medications |
| **Blood Pressure Control**<br>*Ideal goal < 140/90 mm Hg for 18-59 years or 60-85 years with a diabetes diagnosis*<br>*< 150/90 mm Hg for 60-85 years without a diabetes diagnosis* | • Document blood pressure<br>• Repeat blood pressure measurement during same office visit if goal is not met<br>• Document diagnosis of HTN in Progress Notes |

| LIPID CONTROL MEASURES | WHAT SERVICES ARE NEEDED |
|---|---|
| **Medication Management** | • Encourage patients to adhere to their prescription regimens for statin cholesterol medications |

| DIABETES CARE MEASURES | WHAT SERVICES ARE NEEDED |
|---|---|
| **Medication Management** | • Encourage patients to adhere to their prescription regimens for oral diabetes medication<br>• Consider either an ACE inhibitor or an ARB for patients with diabetes, and micro or macroalbuminuria [1] |
| **HbA1c Screening**<br><br>*Maintain HgbA1c ≤ 9.0*<br>*Ideal goal is HgbA1c < 8.0* | • Annual HbA1c testing<br>• Maintain glycemic management goal of HbA1c ≤ 9.0 |
| **Nephropathy Monitoring** | • Annual microalbuminuria testing, OR<br>• Documented Nephrology consult every year, OR<br>• Encourage patients to adhere to their prescription regimens for ACE inhibitor/ARB therapy [1] |
| **Dilated or Retinal Exam** | • Annual comprehensive dilated or retinal eye exam by an optometrist or ophthalmologist. |

*[1]-The American Diabetes Association and National Kidney Foundation recommend either an ACE inhibitor or an ARB for patients with diabetes and microalbuminuria or macroalbuminuria barring contraindications.*

| MUSCULOSKELETAL MEASURES | WHAT SERVICES ARE NEEDED |
|---|---|
| **Osteoporosis Screening & Management after a Fracture** | • Perform Bone Mineral Density Testing within 6 months of a fracture, AND/OR<br>• Consider medication therapy to treat osteoporosis |
| **Disease-Modifying Anti-Rheumatic Drug Therapy (DMARD) for Rheumatoid Arthritis** | • Consider DMARD therapy for patients diagnosed with rheumatoid arthritis [2]<br>• Patients not currently treated with a DMARD should be referred for Rheumatology consultation to confirm a diagnosis of rheumatoid arthritis and assess for drug therapy |

*2-The American College of Rheumatology (ACR) recommends initiating DMARD treatment within three months of diagnosis, barring contraindications, inactive disease or patient refusal. Although the use of nonsteroidal anti-inflammatory drugs (NSAIDs) and glucocorticoids may alleviate symptoms of RA, joint damage may continue to occur and progress.*

| CARE FOR OLDER ADULTS MEASURES | WHAT SERVICES ARE NEEDED |
|---|---|
| **Medication Review (age 66+)** | • Annually document in the medical record a medication list and review of medications<br>• Enter notation of any medications the patients is no longer taking |
| **Functional Status Assessment (age 66+)** | • Annually conduct functional status assessment and document in the medical record:<br>• Activities of Daily Living (ADL) assessed (e.g., bathing, dressing, eating, transferring, using toilet, walking), or<br>• Instrumental Activities of Daily Living (IADL) assessed (e.g., grocery shopping, driving, using telephone, housework, taking medications, handling finances), or<br>• At least 3 of the following 4 assessed: cognitive status, ambulation status, sensory ability (hearing, vision, speech), and other functional independence (e.g., exercise, ability to perform job) |
| **Pain Screening Assessment (age 66+)** | • Annually conduct and document comprehensive pain screening/assessment in the medical record |
| **Health Outcomes Survey Questions (age 65+)** | • Discuss increasing physical activity, bladder control, and preventing falls |

| PREVENTIVE CARE MEASURES | WHAT SERVICES ARE NEEDED |
|---|---|
| **Ambulatory or Preventive Care Visit (age 65+)** | • Annually conduct and document ambulatory or preventive care visit |
| **Adult BMI Assessment (age 18+)** | • Annually calculate and document Body Mass Index in the medical record |
| **Colorectal Cancer Screening (ages 50-75)** | • Document date and type of service in medical record<br>• Fecal occult blood (FOBT, gFOBT, or iFOBT) in the current year, OR<br>• Flexible Sigmoidoscopy in the past 5 years, OR<br>• Colonoscopy in the past 10 years |
| **Breast Cancer Screening (women ages 50-74)** | • Mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year |

# Provider Incentive

## Pregnancy Rewards Program

Molina Healthcare's Pregnancy Rewards Program encompasses member outreach, incentives, and member and provider awareness.

Molina Healthcare works to identify and implement appropriate assistance and interventions for participating members. The main focus of the Pregnancy Rewards Program is to identify pregnant women to help motivate them to complete necessary exams and screenings for improved health outcomes for themselves and their new baby.

The Pregnancy Rewards Program does not replace or interfere with the member's physician's assessment and care.

**Provider Rewards:**
Providers are usually the first to know when a member/patient is pregnant. By notifying the health plan, it allows for additional resources to help co-manage the member's care so she can receive the best care possible during her pregnancy. This information is also very important because it allows the member to be enrolled in a special program during her pregnancy so she can earn rewards. Regular checkups during the pregnancy will increase her chances of having a healthy baby.

Providers can receive a incentive for each Pregnancy Notification Form (PNF) completed and submitted to Molina Healthcare.

Requirements to receive incentive for submitting pregnancy notification form:

- Information must be for a current Molina Healthcare Member of Wisconsin who is in her first or second trimester.
- Form must be received no later than 4 days after the member's office visit.

By completing the Pregnancy Notification Form, you can help the member/patient in many ways! We greatly appreciate your help.

# 1st Prenatal Visit Timeframe - Existing Members

## Existing Members - Must Complete Visit in 90 Days of Becoming Pregnant

Please use this calendar as a guide to assist EXISTING Pregnant Members with scheduling a prenatal visit.
At least 1 visit MUST be completed during this time frame. Visits completed prior to this time frame do not count.

**Step 1 - Date Member Became Pregnant** **Step 2 - Schedule prenatal visit during correct time frame** **Step 3 - Instruct member to attend visit as scheduled**

| January | Schedule Visit between these dates: | | February | Schedule Visit between these dates: | | March | Schedule Visit between these dates: | | April | Schedule Visit between these dates: | | May | Schedule Visit between these dates: | | June | Schedule Visit between these dates: | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date Member became Pregnant | From | To | Date Member became Pregnant | From | To | Date Member became Pregnant | From | To | Date Member became Pregnant | From | To | Date Member became Pregnant | From | To | Date Member became Pregnant | From | To |
| Jan 1 | Jan 1 | Apr 1 | Feb 1 | Feb 1 | May 2 | Mar 1 | Mar 1 | May 30 | Apr 1 | Apr 1 | Jun 30 | May 1 | May 1 | Jul 30 | Jun 1 | Jun 1 | Aug 30 |
| Jan 2 | Jan 2 | Apr 2 | Feb 2 | Feb 2 | May 3 | Mar 2 | Mar 2 | May 31 | Apr 2 | Apr 2 | Jul 1 | May 2 | May 2 | Jul 31 | Jun 2 | Jun 2 | Aug 31 |
| Jan 3 | Jan 3 | Apr 3 | Feb 3 | Feb 3 | May 4 | Mar 3 | Mar 3 | Jun 1 | Apr 3 | Apr 3 | Jul 2 | May 3 | May 3 | Aug 1 | Jun 3 | Jun 3 | Sep 1 |
| Jan 4 | Jan 4 | Apr 4 | Feb 4 | Feb 4 | May 5 | Mar 4 | Mar 4 | Jun 2 | Apr 4 | Apr 4 | Jul 3 | May 4 | May 4 | Aug 2 | Jun 4 | Jun 4 | Sep 2 |
| Jan 5 | Jan 5 | Apr 5 | Feb 5 | Feb 5 | May 6 | Mar 5 | Mar 5 | Jun 3 | Apr 5 | Apr 5 | Jul 4 | May 5 | May 5 | Aug 3 | Jun 5 | Jun 5 | Sep 3 |
| Jan 6 | Jan 6 | Apr 6 | Feb 6 | Feb 6 | May 7 | Mar 6 | Mar 6 | Jun 4 | Apr 6 | Apr 6 | Jul 5 | May 6 | May 6 | Aug 4 | Jun 6 | Jun 6 | Sep 4 |
| Jan 7 | Jan 7 | Apr 7 | Feb 7 | Feb 7 | May 8 | Mar 7 | Mar 7 | Jun 5 | Apr 7 | Apr 7 | Jul 6 | May 7 | May 7 | Aug 5 | Jun 7 | Jun 7 | Sep 5 |
| Jan 8 | Jan 8 | Apr 8 | Feb 8 | Feb 8 | May 9 | Mar 8 | Mar 8 | Jun 6 | Apr 8 | Apr 8 | Jul 7 | May 8 | May 8 | Aug 6 | Jun 8 | Jun 8 | Sep 6 |
| Jan 9 | Jan 9 | Apr 9 | Feb 9 | Feb 9 | May 10 | Mar 9 | Mar 9 | Jun 7 | Apr 9 | Apr 9 | Jul 8 | May 9 | May 9 | Aug 7 | Jun 9 | Jun 9 | Sep 7 |
| Jan 10 | Jan 10 | Apr 10 | Feb 10 | Feb 10 | May 11 | Mar 10 | Mar 10 | Jun 8 | Apr 10 | Apr 10 | Jul 9 | May 10 | May 10 | Aug 8 | Jun 10 | Jun 10 | Sep 8 |
| Jan 11 | Jan 11 | Apr 11 | Feb 11 | Feb 11 | May 12 | Mar 11 | Mar 11 | Jun 9 | Apr 11 | Apr 11 | Jul 10 | May 11 | May 11 | Aug 9 | Jun 11 | Jun 11 | Sep 9 |
| Jan 12 | Jan 12 | Apr 12 | Feb 12 | Feb 12 | May 13 | Mar 12 | Mar 12 | Jun 10 | Apr 12 | Apr 12 | Jul 11 | May 12 | May 12 | Aug 10 | Jun 12 | Jun 12 | Sep 10 |
| Jan 13 | Jan 13 | Apr 13 | Feb 13 | Feb 13 | May 14 | Mar 13 | Mar 13 | Jun 11 | Apr 13 | Apr 13 | Jul 12 | May 13 | May 13 | Aug 11 | Jun 13 | Jun 13 | Sep 11 |
| Jan 14 | Jan 14 | Apr 14 | Feb 14 | Feb 14 | May 15 | Mar 14 | Mar 14 | Jun 12 | Apr 14 | Apr 14 | Jul 13 | May 14 | May 14 | Aug 12 | Jun 14 | Jun 14 | Sep 12 |
| Jan 15 | Jan 15 | Apr 15 | Feb 15 | Feb 15 | May 16 | Mar 15 | Mar 15 | Jun 13 | Apr 15 | Apr 15 | Jul 14 | May 15 | May 15 | Aug 13 | Jun 15 | Jun 15 | Sep 13 |
| Jan 16 | Jan 16 | Apr 16 | Feb 16 | Feb 16 | May 17 | Mar 16 | Mar 16 | Jun 14 | Apr 16 | Apr 16 | Jul 15 | May 16 | May 16 | Aug 14 | Jun 16 | Jun 16 | Sep 14 |
| Jan 17 | Jan 17 | Apr 17 | Feb 17 | Feb 17 | May 18 | Mar 17 | Mar 17 | Jun 15 | Apr 17 | Apr 17 | Jul 16 | May 17 | May 17 | Aug 15 | Jun 17 | Jun 17 | Sep 15 |
| Jan 18 | Jan 18 | Apr 18 | Feb 18 | Feb 18 | May 19 | Mar 18 | Mar 18 | Jun 16 | Apr 18 | Apr 18 | Jul 17 | May 18 | May 18 | Aug 16 | Jun 18 | Jun 18 | Sep 16 |
| Jan 19 | Jan 19 | Apr 19 | Feb 19 | Feb 19 | May 20 | Mar 19 | Mar 19 | Jun 17 | Apr 19 | Apr 19 | Jul 18 | May 19 | May 19 | Aug 17 | Jun 19 | Jun 19 | Sep 17 |
| Jan 20 | Jan 20 | Apr 20 | Feb 20 | Feb 20 | May 21 | Mar 20 | Mar 20 | Jun 18 | Apr 20 | Apr 20 | Jul 19 | May 20 | May 20 | Aug 18 | Jun 20 | Jun 20 | Sep 18 |
| Jan 21 | Jan 21 | Apr 21 | Feb 21 | Feb 21 | May 22 | Mar 21 | Mar 21 | Jun 19 | Apr 21 | Apr 21 | Jul 20 | May 21 | May 21 | Aug 19 | Jun 21 | Jun 21 | Sep 19 |
| Jan 22 | Jan 22 | Apr 22 | Feb 22 | Feb 22 | May 23 | Mar 22 | Mar 22 | Jun 20 | Apr 22 | Apr 22 | Jul 21 | May 22 | May 22 | Aug 20 | Jun 22 | Jun 22 | Sep 20 |
| Jan 23 | Jan 23 | Apr 23 | Feb 23 | Feb 23 | May 24 | Mar 23 | Mar 23 | Jun 21 | Apr 23 | Apr 23 | Jul 22 | May 23 | May 23 | Aug 21 | Jun 23 | Jun 23 | Sep 21 |
| Jan 24 | Jan 24 | Apr 24 | Feb 24 | Feb 24 | May 25 | Mar 24 | Mar 24 | Jun 22 | Apr 24 | Apr 24 | Jul 23 | May 24 | May 24 | Aug 22 | Jun 24 | Jun 24 | Sep 22 |
| Jan 25 | Jan 25 | Apr 25 | Feb 25 | Feb 25 | May 26 | Mar 25 | Mar 25 | Jun 23 | Apr 25 | Apr 25 | Jul 24 | May 25 | May 25 | Aug 23 | Jun 25 | Jun 25 | Sep 23 |
| Jan 26 | Jan 26 | Apr 26 | Feb 26 | Feb 26 | May 27 | Mar 26 | Mar 26 | Jun 24 | Apr 26 | Apr 26 | Jul 25 | May 26 | May 26 | Aug 24 | Jun 26 | Jun 26 | Sep 24 |
| Jan 27 | Jan 27 | Apr 27 | Feb 27 | Feb 27 | May 28 | Mar 27 | Mar 27 | Jun 25 | Apr 27 | Apr 27 | Jul 26 | May 27 | May 27 | Aug 25 | Jun 27 | Jun 27 | Sep 25 |
| Jan 28 | Jan 28 | Apr 28 | Feb 28 | Feb 28 | May 29 | Mar 28 | Mar 28 | Jun 26 | Apr 28 | Apr 28 | Jul 27 | May 28 | May 28 | Aug 26 | Jun 28 | Jun 28 | Sep 26 |
| Jan 29 | Jan 29 | Apr 29 | | | | Mar 29 | Mar 29 | Jun 27 | Apr 29 | Apr 29 | Jul 28 | May 29 | May 29 | Aug 27 | Jun 29 | Jun 29 | Sep 27 |
| Jan 30 | Jan 30 | Apr 30 | | | | Mar 30 | Mar 30 | Jun 28 | Apr 30 | Apr 30 | Jul 29 | May 30 | May 30 | Aug 28 | Jun 30 | Jun 30 | Sep 28 |
| Jan 31 | Jan 31 | May 1 | | | | Mar 31 | Mar 31 | Jun 29 | | | | May 31 | May 31 | Aug 29 | | | |



38761CORP0214

# 1st Prenatal Visit Timeframe - Existing Members

## Existing Members - Must Complete Visit in 90 Days of Becoming Pregnant

Please use this calendar as a guide to assist EXISTING Pregnant Members with scheduling a prenatal visit.
At least 1 visit MUST be completed during this time frame. Visits completed prior to this time frame do not count.

**Step 1 - Date Member Became Pregnant** **Step 2 - Schedule prenatal visit during correct time frame** **Step 3 - Instruct member to attend visit as scheduled**

| July | Schedule Visit between these dates: | | August | Schedule Visit between these dates: | | September | Schedule Visit between these dates: | | October | Schedule Visit between these dates: | | November | Schedule Visit between these dates: | | December | Schedule Visit between these dates: | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date Member became Pregnant | From | To | Date Member became Pregnant | From | To | Date Member became Pregnant | From | To | Date Member became Pregnant | From | To | Date Member became Pregnant | From | To | Date Member became Pregnant | From | To |
| Jul 1 | Jul 1 | Sep 29 | Aug 1 | Aug 1 | Oct 30 | Sep 1 | Sep 1 | Nov 30 | Oct 1 | Oct 1 | Dec 30 | Nov 1 | Nov 1 | Jan 30 | Dec 1 | Dec 1 | Mar 1 |
| Jul 2 | Jul 2 | Sep 30 | Aug 2 | Aug 2 | Oct 31 | Sep 2 | Sep 2 | Dec 1 | Oct 2 | Oct 2 | Dec 31 | Nov 2 | Nov 2 | Jan 31 | Dec 2 | Dec 2 | Mar 2 |
| Jul 3 | Jul 3 | Oct 1 | Aug 3 | Aug 3 | Nov 1 | Sep 3 | Sep 3 | Dec 2 | Oct 3 | Oct 3 | Jan 1 | Nov 3 | Nov 3 | Feb 1 | Dec 3 | Dec 3 | Mar 3 |
| Jul 4 | Jul 4 | Oct 2 | Aug 4 | Aug 4 | Nov 2 | Sep 4 | Sep 4 | Dec 3 | Oct 4 | Oct 4 | Jan 2 | Nov 4 | Nov 4 | Feb 2 | Dec 4 | Dec 4 | Mar 4 |
| Jul 5 | Jul 5 | Oct 3 | Aug 5 | Aug 5 | Nov 3 | Sep 5 | Sep 5 | Dec 4 | Oct 5 | Oct 5 | Jan 3 | Nov 5 | Nov 5 | Feb 3 | Dec 5 | Dec 5 | Mar 5 |
| Jul 6 | Jul 6 | Oct 4 | Aug 6 | Aug 6 | Nov 4 | Sep 6 | Sep 6 | Dec 5 | Oct 6 | Oct 6 | Jan 4 | Nov 6 | Nov 6 | Feb 4 | Dec 6 | Dec 6 | Mar 6 |
| Jul 7 | Jul 7 | Oct 5 | Aug 7 | Aug 7 | Nov 5 | Sep 7 | Sep 7 | Dec 6 | Oct 7 | Oct 7 | Jan 5 | Nov 7 | Nov 7 | Feb 5 | Dec 7 | Dec 7 | Mar 7 |
| Jul 8 | Jul 8 | Oct 6 | Aug 8 | Aug 8 | Nov 6 | Sep 8 | Sep 8 | Dec 7 | Oct 8 | Oct 8 | Jan 6 | Nov 8 | Nov 8 | Feb 6 | Dec 8 | Dec 8 | Mar 8 |
| Jul 9 | Jul 9 | Oct 7 | Aug 9 | Aug 9 | Nov 7 | Sep 9 | Sep 9 | Dec 8 | Oct 9 | Oct 9 | Jan 7 | Nov 9 | Nov 9 | Feb 7 | Dec 9 | Dec 9 | Mar 9 |
| Jul 10 | Jul 10 | Oct 8 | Aug 10 | Aug 10 | Nov 8 | Sep 10 | Sep 10 | Dec 9 | Oct 10 | Oct 10 | Jan 8 | Nov 10 | Nov 10 | Feb 8 | Dec 10 | Dec 10 | Mar 10 |
| Jul 11 | Jul 11 | Oct 9 | Aug 11 | Aug 11 | Nov 9 | Sep 11 | Sep 11 | Dec 10 | Oct 11 | Oct 11 | Jan 9 | Nov 11 | Nov 11 | Feb 9 | Dec 11 | Dec 11 | Mar 11 |
| Jul 12 | Jul 12 | Oct 10 | Aug 12 | Aug 12 | Nov 10 | Sep 12 | Sep 12 | Dec 11 | Oct 12 | Oct 12 | Jan 10 | Nov 12 | Nov 12 | Feb 10 | Dec 12 | Dec 12 | Mar 12 |
| Jul 13 | Jul 13 | Oct 11 | Aug 13 | Aug 13 | Nov 11 | Sep 13 | Sep 13 | Dec 12 | Oct 13 | Oct 13 | Jan 11 | Nov 13 | Nov 13 | Feb 11 | Dec 13 | Dec 13 | Mar 13 |
| Jul 14 | Jul 14 | Oct 12 | Aug 14 | Aug 14 | Nov 12 | Sep 14 | Sep 14 | Dec 13 | Oct 14 | Oct 14 | Jan 12 | Nov 14 | Nov 14 | Feb 12 | Dec 14 | Dec 14 | Mar 14 |
| Jul 15 | Jul 15 | Oct 13 | Aug 15 | Aug 15 | Nov 13 | Sep 15 | Sep 15 | Dec 14 | Oct 15 | Oct 15 | Jan 13 | Nov 15 | Nov 15 | Feb 13 | Dec 15 | Dec 15 | Mar 15 |
| Jul 16 | Jul 16 | Oct 14 | Aug 16 | Aug 16 | Nov 14 | Sep 16 | Sep 16 | Dec 15 | Oct 16 | Oct 16 | Jan 14 | Nov 16 | Nov 16 | Feb 14 | Dec 16 | Dec 16 | Mar 16 |
| Jul 17 | Jul 17 | Oct 15 | Aug 17 | Aug 17 | Nov 15 | Sep 17 | Sep 17 | Dec 16 | Oct 17 | Oct 17 | Jan 15 | Nov 17 | Nov 17 | Feb 15 | Dec 17 | Dec 17 | Mar 17 |
| Jul 18 | Jul 18 | Oct 16 | Aug 18 | Aug 18 | Nov 16 | Sep 18 | Sep 18 | Dec 17 | Oct 18 | Oct 18 | Jan 16 | Nov 18 | Nov 18 | Feb 16 | Dec 18 | Dec 18 | Mar 18 |
| Jul 19 | Jul 19 | Oct 17 | Aug 19 | Aug 19 | Nov 17 | Sep 19 | Sep 19 | Dec 18 | Oct 19 | Oct 19 | Jan 17 | Nov 19 | Nov 19 | Feb 17 | Dec 19 | Dec 19 | Mar 19 |
| Jul 20 | Jul 20 | Oct 18 | Aug 20 | Aug 20 | Nov 18 | Sep 20 | Sep 20 | Dec 19 | Oct 20 | Oct 20 | Jan 18 | Nov 20 | Nov 20 | Feb 18 | Dec 20 | Dec 20 | Mar 20 |
| Jul 21 | Jul 21 | Oct 19 | Aug 21 | Aug 21 | Nov 19 | Sep 21 | Sep 21 | Dec 20 | Oct 21 | Oct 21 | Jan 19 | Nov 21 | Nov 21 | Feb 19 | Dec 21 | Dec 21 | Mar 21 |
| Jul 22 | Jul 22 | Oct 20 | Aug 22 | Aug 22 | Nov 20 | Sep 22 | Sep 22 | Dec 21 | Oct 22 | Oct 22 | Jan 20 | Nov 22 | Nov 22 | Feb 20 | Dec 22 | Dec 22 | Mar 22 |
| Jul 23 | Jul 23 | Oct 21 | Aug 23 | Aug 23 | Nov 21 | Sep 23 | Sep 23 | Dec 22 | Oct 23 | Oct 23 | Jan 21 | Nov 23 | Nov 23 | Feb 21 | Dec 23 | Dec 23 | Mar 23 |
| Jul 24 | Jul 24 | Oct 22 | Aug 24 | Aug 24 | Nov 22 | Sep 24 | Sep 24 | Dec 23 | Oct 24 | Oct 24 | Jan 22 | Nov 24 | Nov 24 | Feb 22 | Dec 24 | Dec 24 | Mar 24 |
| Jul 25 | Jul 25 | Oct 23 | Aug 25 | Aug 25 | Nov 23 | Sep 25 | Sep 25 | Dec 24 | Oct 25 | Oct 25 | Jan 23 | Nov 25 | Nov 25 | Feb 23 | Dec 25 | Dec 25 | Mar 25 |
| Jul 26 | Jul 26 | Oct 24 | Aug 26 | Aug 26 | Nov 24 | Sep 26 | Sep 26 | Dec 25 | Oct 26 | Oct 26 | Jan 24 | Nov 26 | Nov 26 | Feb 24 | Dec 26 | Dec 26 | Mar 26 |
| Jul 27 | Jul 27 | Oct 25 | Aug 27 | Aug 27 | Nov 25 | Sep 27 | Sep 27 | Dec 26 | Oct 27 | Oct 27 | Jan 25 | Nov 27 | Nov 27 | Feb 25 | Dec 27 | Dec 27 | Mar 27 |
| Jul 28 | Jul 28 | Oct 26 | Aug 28 | Aug 28 | Nov 26 | Sep 28 | Sep 28 | Dec 27 | Oct 28 | Oct 28 | Jan 26 | Nov 28 | Nov 28 | Feb 26 | Dec 28 | Dec 28 | Mar 28 |
| Jul 29 | Jul 29 | Oct 27 | Aug 29 | Aug 29 | Nov 27 | Sep 29 | Sep 29 | Dec 28 | Oct 29 | Oct 29 | Jan 27 | Nov 29 | Nov 29 | Feb 27 | Dec 29 | Dec 29 | Mar 29 |
| Jul 30 | Jul 30 | Oct 28 | Aug 30 | Aug 30 | Nov 28 | Sep 30 | Sep 30 | Dec 29 | Oct 30 | Oct 30 | Jan 28 | Nov 30 | Nov 30 | Feb 28 | Dec 30 | Dec 30 | Mar 30 |
| Jul 31 | Jul 31 | Oct 29 | Aug 31 | Aug 31 | Nov 29 | | | | Oct 31 | Oct 31 | Jan 29 | | | | Dec 31 | Dec 31 | Mar 31 |

# 1st Prenatal Visit Timeframe - Newly Enrolled Members

## Newly Enrolled Members - Must Complete Visit in 42 Days

Please use this calendar as a guide to assist NEWLY Enrolled Pregnant Members with scheduling a prenatal visit.
At least 1 visit MUST be completed during this time frame. Visits completed prior to this time frame do not count.

**Step 1 - Date of Enrollment** **Step 2 - Schedule prenatal visit during correct time frame** **Step 3 - Instruct member to attend visit as scheduled**

| January | Schedule Visit between these dates: | | February | Schedule Visit between these dates: | | March | Schedule Visit between these dates: | | April | Schedule Visit between these dates: | | May | Schedule Visit between these dates: | | June | Schedule Visit between these dates: | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date of Enrollment | From | To | Date of Enrollment | From | To | Date of Enrollment | From | To | Date of Enrollment | From | To | Date of Enroll-ment | From | To | Date of Enrollment | From | To |
| Jan 1 | Jan 1 | Feb 12 | Feb 1 | Feb 1 | Mar 15 | Mar 1 | Mar 1 | Apr 12 | Apr 1 | Apr 1 | May 13 | May 1 | May 1 | Jun 12 | Jun 1 | Jun 1 | Jul 13 |
| Jan 2 | Jan 2 | Feb 13 | Feb 2 | Feb 2 | Mar 16 | Mar 2 | Mar 2 | Apr 13 | Apr 2 | Apr 2 | May 14 | May 2 | May 2 | Jun 13 | Jun 2 | Jun 2 | Jul 14 |
| Jan 3 | Jan 3 | Feb 14 | Feb 3 | Feb 3 | Mar 17 | Mar 3 | Mar 3 | Apr 14 | Apr 3 | Apr 3 | May 15 | May 3 | May 3 | Jun 14 | Jun 3 | Jun 3 | Jul 15 |
| Jan 4 | Jan 4 | Feb 15 | Feb 4 | Feb 4 | Mar 18 | Mar 4 | Mar 4 | Apr 15 | Apr 4 | Apr 4 | May 16 | May 4 | May 4 | Jun 15 | Jun 4 | Jun 4 | Jul 16 |
| Jan 5 | Jan 5 | Feb 16 | Feb 5 | Feb 5 | Mar 19 | Mar 5 | Mar 5 | Apr 16 | Apr 5 | Apr 5 | May 17 | May 5 | May 5 | Jun 16 | Jun 5 | Jun 5 | Jul 17 |
| Jan 6 | Jan 6 | Feb 17 | Feb 6 | Feb 6 | Mar 20 | Mar 6 | Mar 6 | Apr 17 | Apr 6 | Apr 6 | May 18 | May 6 | May 6 | Jun 17 | Jun 6 | Jun 6 | Jul 18 |
| Jan 7 | Jan 7 | Feb 18 | Feb 7 | Feb 7 | Mar 21 | Mar 7 | Mar 7 | Apr 18 | Apr 7 | Apr 7 | May 19 | May 7 | May 7 | Jun 18 | Jun 7 | Jun 7 | Jul 19 |
| Jan 8 | Jan 8 | Feb 19 | Feb 8 | Feb 8 | Mar 22 | Mar 8 | Mar 8 | Apr 19 | Apr 8 | Apr 8 | May 20 | May 8 | May 8 | Jun 19 | Jun 8 | Jun 8 | Jul 20 |
| Jan 9 | Jan 9 | Feb 20 | Feb 9 | Feb 9 | Mar 23 | Mar 9 | Mar 9 | Apr 20 | Apr 9 | Apr 9 | May 21 | May 9 | May 9 | Jun 20 | Jun 9 | Jun 9 | Jul 21 |
| Jan 10 | Jan 10 | Feb 21 | Feb 10 | Feb 10 | Mar 24 | Mar 10 | Mar 10 | Apr 21 | Apr 10 | Apr 10 | May 22 | May 10 | May 10 | Jun 21 | Jun 10 | Jun 10 | Jul 22 |
| Jan 11 | Jan 11 | Feb 22 | Feb 11 | Feb 11 | Mar 25 | Mar 11 | Mar 11 | Apr 22 | Apr 11 | Apr 11 | May 23 | May 11 | May 11 | Jun 22 | Jun 11 | Jun 11 | Jul 23 |
| Jan 12 | Jan 12 | Feb 23 | Feb 12 | Feb 12 | Mar 26 | Mar 12 | Mar 12 | Apr 23 | Apr 12 | Apr 12 | May 24 | May 12 | May 12 | Jun 23 | Jun 12 | Jun 12 | Jul 24 |
| Jan 13 | Jan 13 | Feb 24 | Feb 13 | Feb 13 | Mar 27 | Mar 13 | Mar 13 | Apr 24 | Apr 13 | Apr 13 | May 25 | May 13 | May 13 | Jun 24 | Jun 13 | Jun 13 | Jul 25 |
| Jan 14 | Jan 14 | Feb 25 | Feb 14 | Feb 14 | Mar 28 | Mar 14 | Mar 14 | Apr 25 | Apr 14 | Apr 14 | May 26 | May 14 | May 14 | Jun 25 | Jun 14 | Jun 14 | Jul 26 |
| Jan 15 | Jan 15 | Feb 26 | Feb 15 | Feb 15 | Mar 29 | Mar 15 | Mar 15 | Apr 26 | Apr 15 | Apr 15 | May 27 | May 15 | May 15 | Jun 26 | Jun 15 | Jun 15 | Jul 27 |
| Jan 16 | Jan 16 | Feb 27 | Feb 16 | Feb 16 | Mar 30 | Mar 16 | Mar 16 | Apr 27 | Apr 16 | Apr 16 | May 28 | May 16 | May 16 | Jun 27 | Jun 16 | Jun 16 | Jul 28 |
| Jan 17 | Jan 17 | Feb 28 | Feb 17 | Feb 17 | Mar 31 | Mar 17 | Mar 17 | Apr 28 | Apr 17 | Apr 17 | May 29 | May 17 | May 17 | Jun 28 | Jun 17 | Jun 17 | Jul 29 |
| Jan 18 | Jan 18 | Mar 1 | Feb 18 | Feb 18 | Apr 1 | Mar 18 | Mar 18 | Apr 29 | Apr 18 | Apr 18 | May 30 | May 18 | May 18 | Jun 29 | Jun 18 | Jun 18 | Jul 30 |
| Jan 19 | Jan 19 | Mar 2 | Feb 19 | Feb 19 | Apr 2 | Mar 19 | Mar 19 | Apr 30 | Apr 19 | Apr 19 | May 31 | May 19 | May 19 | Jun 30 | Jun 19 | Jun 19 | Jul 31 |
| Jan 20 | Jan 20 | Mar 3 | Feb 20 | Feb 20 | Apr 3 | Mar 20 | Mar 20 | May 1 | Apr 20 | Apr 20 | Jun 1 | May 20 | May 20 | Jul 1 | Jun 20 | Jun 20 | Aug 1 |
| Jan 21 | Jan 21 | Mar 4 | Feb 21 | Feb 21 | Apr 4 | Mar 21 | Mar 21 | May 2 | Apr 21 | Apr 21 | Jun 2 | May 21 | May 21 | Jul 2 | Jun 21 | Jun 21 | Aug 2 |
| Jan 22 | Jan 22 | Mar 5 | Feb 22 | Feb 22 | Apr 5 | Mar 22 | Mar 22 | May 3 | Apr 22 | Apr 22 | Jun 3 | May 22 | May 22 | Jul 3 | Jun 22 | Jun 22 | Aug 3 |
| Jan 23 | Jan 23 | Mar 6 | Feb 23 | Feb 23 | Apr 6 | Mar 23 | Mar 23 | May 4 | Apr 23 | Apr 23 | Jun 4 | May 23 | May 23 | Jul 4 | Jun 23 | Jun 23 | Aug 4 |
| Jan 24 | Jan 24 | Mar 7 | Feb 24 | Feb 24 | Apr 7 | Mar 24 | Mar 24 | May 5 | Apr 24 | Apr 24 | Jun 5 | May 24 | May 24 | Jul 5 | Jun 24 | Jun 24 | Aug 5 |
| Jan 25 | Jan 25 | Mar 8 | Feb 25 | Feb 25 | Apr 8 | Mar 25 | Mar 25 | May 6 | Apr 25 | Apr 25 | Jun 6 | May 25 | May 25 | Jul 6 | Jun 25 | Jun 25 | Aug 6 |
| Jan 26 | Jan 26 | Mar 9 | Feb 26 | Feb 26 | Apr 9 | Mar 26 | Mar 26 | May 7 | Apr 26 | Apr 26 | Jun 7 | May 26 | May 26 | Jul 7 | Jun 26 | Jun 26 | Aug 7 |
| Jan 27 | Jan 27 | Mar 10 | Feb 27 | Feb 27 | Apr 10 | Mar 27 | Mar 27 | May 8 | Apr 27 | Apr 27 | Jun 8 | May 27 | May 27 | Jul 8 | Jun 27 | Jun 27 | Aug 8 |
| Jan 28 | Jan 28 | Mar 11 | Feb 28 | Feb 28 | Apr 11 | Mar 28 | Mar 28 | May 9 | Apr 28 | Apr 28 | Jun 9 | May 28 | May 28 | Jul 9 | Jun 28 | Jun 28 | Aug 9 |
| Jan 29 | Jan 29 | Mar 12 | | | | Mar 29 | Mar 29 | May 10 | Apr 29 | Apr 29 | Jun 10 | May 29 | May 29 | Jul 10 | Jun 29 | Jun 29 | Aug 10 |
| Jan 30 | Jan 30 | Mar 13 | | | | Mar 30 | Mar 30 | May 11 | Apr 30 | Apr 30 | Jun 11 | May 30 | May 30 | Jul 11 | Jun 30 | Jun 30 | Aug 11 |
| Jan 31 | Jan 31 | Mar 14 | | | | Mar 31 | Mar 31 | May 12 | | | | May 31 | May 31 | Jul 12 | | | |



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# 1st Prenatal Visit Timeframe - Newly Enrolled Members

## Newly Enrolled Members - Must Complete Visit in 42 Days

Please use this calendar as a guide to assist NEWLY Enrolled Pregnant Members with scheduling a prenatal visit.
At least 1 visit MUST be completed during this time frame. Visits completed prior to this time frame do not count.

**Step 1 - Date of Enrollment** **Step 2 - Schedule prenatal visit during correct time frame** **Step 3 - Instruct member to attend visit as scheduled**

| July | Schedule Visit between these dates: | | August | Schedule Visit between these dates: | | September | Schedule Visit between these dates: | | October | Schedule Visit between these dates: | | November | Schedule Visit between these dates: | | December | Schedule Visit between these dates: | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date of Enrollment | From | To | Date of Enrollment | From | To | Date of Enrollment | From | To | Date of Enrollment | From | To | Date of Enrollment | From | To | Date of Enrollment | From | To |
| Jul 1 | Jul 1 | Aug 12 | Aug 1 | Aug 1 | Sep 12 | Sep 1 | Sep 1 | Oct 13 | Oct 1 | Oct 1 | Nov 12 | Nov 1 | Nov 1 | Dec 13 | Dec 1 | Dec 1 | Jan 12 |
| Jul 2 | Jul 2 | Aug 13 | Aug 2 | Aug 2 | Sep 13 | Sep 2 | Sep 2 | Oct 14 | Oct 2 | Oct 2 | Nov 13 | Nov 2 | Nov 2 | Dec 14 | Dec 2 | Dec 2 | Jan 13 |
| Jul 3 | Jul 3 | Aug 14 | Aug 3 | Aug 3 | Sep 14 | Sep 3 | Sep 3 | Oct 15 | Oct 3 | Oct 3 | Nov 14 | Nov 3 | Nov 3 | Dec 15 | Dec 3 | Dec 3 | Jan 14 |
| Jul 4 | Jul 4 | Aug 15 | Aug 4 | Aug 4 | Sep 15 | Sep 4 | Sep 4 | Oct 16 | Oct 4 | Oct 4 | Nov 15 | Nov 4 | Nov 4 | Dec 16 | Dec 4 | Dec 4 | Jan 15 |
| Jul 5 | Jul 5 | Aug 16 | Aug 5 | Aug 5 | Sep 16 | Sep 5 | Sep 5 | Oct 17 | Oct 5 | Oct 5 | Nov 16 | Nov 5 | Nov 5 | Dec 17 | Dec 5 | Dec 5 | Jan 16 |
| Jul 6 | Jul 6 | Aug 17 | Aug 6 | Aug 6 | Sep 17 | Sep 6 | Sep 6 | Oct 18 | Oct 6 | Oct 6 | Nov 17 | Nov 6 | Nov 6 | Dec 18 | Dec 6 | Dec 6 | Jan 17 |
| Jul 7 | Jul 7 | Aug 18 | Aug 7 | Aug 7 | Sep 18 | Sep 7 | Sep 7 | Oct 19 | Oct 7 | Oct 7 | Nov 18 | Nov 7 | Nov 7 | Dec 19 | Dec 7 | Dec 7 | Jan 18 |
| Jul 8 | Jul 8 | Aug 19 | Aug 8 | Aug 8 | Sep 19 | Sep 8 | Sep 8 | Oct 20 | Oct 8 | Oct 8 | Nov 19 | Nov 8 | Nov 8 | Dec 20 | Dec 8 | Dec 8 | Jan 19 |
| Jul 9 | Jul 9 | Aug 20 | Aug 9 | Aug 9 | Sep 20 | Sep 9 | Sep 9 | Oct 21 | Oct 9 | Oct 9 | Nov 20 | Nov 9 | Nov 9 | Dec 21 | Dec 9 | Dec 9 | Jan 20 |
| Jul 10 | Jul 10 | Aug 21 | Aug 10 | Aug 10 | Sep 21 | Sep 10 | Sep 10 | Oct 22 | Oct 10 | Oct 10 | Nov 21 | Nov 10 | Nov 10 | Dec 22 | Dec 10 | Dec 10 | Jan 21 |
| Jul 11 | Jul 11 | Aug 22 | Aug 11 | Aug 11 | Sep 22 | Sep 11 | Sep 11 | Oct 23 | Oct 11 | Oct 11 | Nov 22 | Nov 11 | Nov 11 | Dec 23 | Dec 11 | Dec 11 | Jan 22 |
| Jul 12 | Jul 12 | Aug 23 | Aug 12 | Aug 12 | Sep 23 | Sep 12 | Sep 12 | Oct 24 | Oct 12 | Oct 12 | Nov 23 | Nov 12 | Nov 12 | Dec 24 | Dec 12 | Dec 12 | Jan 23 |
| Jul 13 | Jul 13 | Aug 24 | Aug 13 | Aug 13 | Sep 24 | Sep 13 | Sep 13 | Oct 25 | Oct 13 | Oct 13 | Nov 24 | Nov 13 | Nov 13 | Dec 25 | Dec 13 | Dec 13 | Jan 24 |
| Jul 14 | Jul 14 | Aug 25 | Aug 14 | Aug 14 | Sep 25 | Sep 14 | Sep 14 | Oct 26 | Oct 14 | Oct 14 | Nov 25 | Nov 14 | Nov 14 | Dec 26 | Dec 14 | Dec 14 | Jan 25 |
| Jul 15 | Jul 15 | Aug 26 | Aug 15 | Aug 15 | Sep 26 | Sep 15 | Sep 15 | Oct 27 | Oct 15 | Oct 15 | Nov 26 | Nov 15 | Nov 15 | Dec 27 | Dec 15 | Dec 15 | Jan 26 |
| Jul 16 | Jul 16 | Aug 27 | Aug 16 | Aug 16 | Sep 27 | Sep 16 | Sep 16 | Oct 28 | Oct 16 | Oct 16 | Nov 27 | Nov 16 | Nov 16 | Dec 28 | Dec 16 | Dec 16 | Jan 27 |
| Jul 17 | Jul 17 | Aug 28 | Aug 17 | Aug 17 | Sep 28 | Sep 17 | Sep 17 | Oct 29 | Oct 17 | Oct 17 | Nov 28 | Nov 17 | Nov 17 | Dec 29 | Dec 17 | Dec 17 | Jan 28 |
| Jul 18 | Jul 18 | Aug 29 | Aug 18 | Aug 18 | Sep 29 | Sep 18 | Sep 18 | Oct 30 | Oct 18 | Oct 18 | Nov 29 | Nov 18 | Nov 18 | Dec 30 | Dec 18 | Dec 18 | Jan 29 |
| Jul 19 | Jul 19 | Aug 30 | Aug 19 | Aug 19 | Sep 30 | Sep 19 | Sep 19 | Oct 31 | Oct 19 | Oct 19 | Nov 30 | Nov 19 | Nov 19 | Dec 31 | Dec 19 | Dec 19 | Jan 30 |
| Jul 20 | Jul 20 | Aug 31 | Aug 20 | Aug 20 | Oct 1 | Sep 20 | Sep 20 | Nov 1 | Oct 20 | Oct 20 | Dec 1 | Nov 20 | Nov 20 | Jan 1 | Dec 20 | Dec 20 | Jan 31 |
| Jul 21 | Jul 21 | Sep 1 | Aug 21 | Aug 21 | Oct 2 | Sep 21 | Sep 21 | Nov 2 | Oct 21 | Oct 21 | Dec 2 | Nov 21 | Nov 21 | Jan 2 | Dec 21 | Dec 21 | Feb 1 |
| Jul 22 | Jul 22 | Sep 2 | Aug 22 | Aug 22 | Oct 3 | Sep 22 | Sep 22 | Nov 3 | Oct 22 | Oct 22 | Dec 3 | Nov 22 | Nov 22 | Jan 3 | Dec 22 | Dec 22 | Feb 2 |
| Jul 23 | Jul 23 | Sep 3 | Aug 23 | Aug 23 | Oct 4 | Sep 23 | Sep 23 | Nov 4 | Oct 23 | Oct 23 | Dec 4 | Nov 23 | Nov 23 | Jan 4 | Dec 23 | Dec 23 | Feb 3 |
| Jul 24 | Jul 24 | Sep 4 | Aug 24 | Aug 24 | Oct 5 | Sep 24 | Sep 24 | Nov 5 | Oct 24 | Oct 24 | Dec 5 | Nov 24 | Nov 24 | Jan 5 | Dec 24 | Dec 24 | Feb 4 |
| Jul 25 | Jul 25 | Sep 5 | Aug 25 | Aug 25 | Oct 6 | Sep 25 | Sep 25 | Nov 6 | Oct 25 | Oct 25 | Dec 6 | Nov 25 | Nov 25 | Jan 6 | Dec 25 | Dec 25 | Feb 5 |
| Jul 26 | Jul 26 | Sep 6 | Aug 26 | Aug 26 | Oct 7 | Sep 26 | Sep 26 | Nov 7 | Oct 26 | Oct 26 | Dec 7 | Nov 26 | Nov 26 | Jan 7 | Dec 26 | Dec 26 | Feb 6 |
| Jul 27 | Jul 27 | Sep 7 | Aug 27 | Aug 27 | Oct 8 | Sep 27 | Sep 27 | Nov 8 | Oct 27 | Oct 27 | Dec 8 | Nov 27 | Nov 27 | Jan 8 | Dec 27 | Dec 27 | Feb 7 |
| Jul 28 | Jul 28 | Sep 8 | Aug 28 | Aug 28 | Oct 9 | Sep 28 | Sep 28 | Nov 9 | Oct 28 | Oct 28 | Dec 9 | Nov 28 | Nov 28 | Jan 9 | Dec 28 | Dec 28 | Feb 8 |
| Jul 29 | Jul 29 | Sep 9 | Aug 29 | Aug 29 | Oct 10 | Sep 29 | Sep 29 | Nov 10 | Oct 29 | Oct 29 | Dec 10 | Nov 29 | Nov 29 | Jan 10 | Dec 29 | Dec 29 | Feb 9 |
| Jul 30 | Jul 30 | Sep 10 | Aug 30 | Aug 30 | Oct 11 | Sep 30 | Sep 30 | Nov 11 | Oct 30 | Oct 30 | Dec 11 | Nov 30 | Nov 30 | Jan 11 | Dec 30 | Dec 30 | Feb 10 |
| Jul 31 | Jul 31 | Sep 11 | Aug 31 | Aug 31 | Oct 12 | | | | Oct 31 | Oct 31 | Dec 12 | | | | Dec 31 | Dec 31 | Feb 11 |

# Health Outcomes Survey (HOS)

The goal of Medicare HOS is to gather valid and reliable health status data in Medicare managed care for use in quality improvement activities, plan accountability, public reporting and improving health. The Centers for Medicare and Medicaid Services (CMS) uses Medicare HOS to better evaluate and monitor quality of care provided by Medicare Advantage (MA) Plans. All managed care plans with Medicare Advantage (MA) contracts must participate in the HOS.

## What does this mean for you?

As a Provider you play an integral role in ensuring Medicare Advantage patients receive quality care because healthcare services provided in a clinical setting have a direct impact on the functional status of your patients. The table below displays the HOS measures which are included in the annual Medicare Part C Star Rating.

- **Functional Health:**
  - HOS—Improving or Maintaining Physical Health — Stars Weight = 3.0
  - HOS—Improving or Maintaining Mental Health — Stars Weight = 3.0
  - HOS—Monitoring Physical Activity — Stars Weight = 1.0
- **HEDIS®:**
  - Management of Urinary Incontinence in Older Adults — Stars Weight = 1.0
  - Physical Activity in Older Adults — Stars Weight = 1.0
  - Fall Risk Management — Stars Weight = 1.0

CMS includes the HOS in their assessment program, and HOS results are included in the CMS Medicare Star Ratings. CMS rates the quality of service and care provided by MA Plans based on the five-star rating scale. (5=best on scale of 1-5).

Please review the following tips related to these measures. We hope your awareness will influence and guide appropriate discussions with members during office visits.

**Please visit the Molina Healthcare Proivder Web Portal for the most up to date Health Outcomes Survey (HOS) Tips at www.MolinaHealthcare.com.

# HOS Tips:
## Fall Risk Management

### MEASURE DESCRIPTION

Adult Medicare members 65 years and older with a problem falling, walking or balancing who discussed it with their doctor and got treatment for it during the year.

### HEALTH OUTCOMES SURVEY QUESTIONS

- A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?
- Did you fall in the past 12 months?
- In the past 12 months, have you had a problem with balance or walking?
- Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:
    - Suggest that you use a cane or walker
    - Check your blood pressure lying or standing
    - Suggest that you do an exercise or physical therapy program
    - Suggest a vision or hearing test

### HOW TO IMPROVE HOS SCORES

- ❑ Screen all patients 65 years and older for falls. If using an electronic medical record (EMR), consider adding a reminder to assess fall risk.
- ❑ Check to see if patient is on any medications that could cause falls as a side effect and review measures to help alleviate this or precautions the patient should take
- ❑ Test for fall risk by analyzing multiple factors: gait, balance, strength and vision in the patient's medical exam
- ❑ If patient is at risk for falling, consider different options such as cane, walker, monitor, assistive devices (rails for stairs, bars to grab in shower, etc.), or a caregiver (if the patient does not have one already)
- ❑ Discuss increasing physical activity with the patient, as such activities reduce the risk of falls by improving balance, flexibility, muscle strength and gait. Furthermore, maintain that the patient has a properly pair of fitted shoes that will not be the cause to any falls.
- ❑ Ensure patient lives in a safe and easily accessible environment. Provide suggestions/brochure on what the patient can do to ensure their safety at home.
- ❑ Provide fall risk assessment with other intake forms to patient while in waiting room. Consider using resources from the CDC's STEADI program and the AAAHC Patient Safety Toolkit.

# HOS Tips:
## Improving Bladder Control

### MEASURE DESCRIPTION

Adult Medicare members 65 years and older with a urine leakage problem who discussed the problem with their doctor within 6 months

### HEALTH OUTCOMES SURVEY QUESTIONS

- Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?
- During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?
- Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?
- There are many ways to control or manage the leaking of urine, including bladder training, exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?

### HOW TO IMPROVE HOS SCORES

- ❑ Routinely ask patients 65 years and older if they are experiencing problems or have any concerns with urinary incontinence.
- ❑ Staff can ask when vitals are taken or provide questions about urinary incontinence with patient intake forms. If it is a problem, note in chart so treatment can be discussed during visit. If using an electronic medical record (EMR), consider adding a reminder to discuss bladder control issues.
- ❑ Check to see if patient is on any medications that contribute to bladder control problems. Urinary side effects may be avoidable with the transition to a new medication.
- ❑ Control contributing factors such as weight gain, smoking, low physical activity, constipation and chronic cough with recommendations and a new diet and exercise regimen.
- ❑ Review exercises with patients to help manage bladder control issues. These can include finding a pattern, sticking to a schedule, relaxation practice, and increasing the intervals between trips to the bathroom. The pelvic region can be strengthened using Kegel exercises and biofeedback.
- ❑ Ask the patient to maintain a diary of the amount of fluid they intake, the times they urinate and any leaking episodes.
- ❑ Provide patient with a copy of their treatment plan.

# HOS Tips:
## Improving or Maintaining Mental Health

### MEASURE DESCRIPTION

Adult Medicare members whose mental health was the same or better than expected after two years

### HEALTH OUTCOMES SURVEY QUESTIONS

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- Have you accomplished less than you would like as a result of your emotional problems?
- Didn't do work or other activities as carefully as usual as a result of any emotional problems?

How much of the time during the past 4 weeks:

- Have you felt calm or peaceful?
- Have a lot of energy?
- Have you felt downhearted or blue in the past 4 weeks?
- How much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

### HOW TO IMPROVE HOS SCORES

- ❑ If using an electronic medical record (EMR), consider adding an annual reminder to use standardized screening tools that can assist with the identification of depression, anxiety, thoughts of self-harm or substance use disorders, Examples: PHQ-9, GDS, GAD-7, SAD PERSONS Scale, CAGE, SBIRT.
- ❑ Many people struggle with grief and loss; the death of family members, close friends and even pets can have an impact on quality of life. Providing handouts in the form of local community resources (depression, grief and loss, caregiver support, etc) and, providing education on what to do in the event of a crisis, can be very helpful.
- ❑ The stigma of receiving mental health treatment often prevents individuals from seeking the care they need. Provide reassurance that depression is common and can be treated.
- ❑ Social isolation is common with many individuals. Inquire about social networks and day to day activities. Encourage a moderate level of daily mental stimulation and, if possible, some sort of physical movement, such as walks or bike rides.
- ❑ Proper nutrition, living environment and social supports are essential components of emotional wellbeing. Ensure your patient has an understanding of the importance of these. Assess for signs of abuse or neglect; if applicable, consult with caregivers and family members when developing a plan of care.

# HOS Tips:
## Improving or Maintaining Physical Health

### MEASURE DESCRIPTION

Adult Medicare members whose physical health was the same or better than expected after two years.

### HEALTH OUTCOMES SURVEY QUESTIONS

- In general, would you say your health is:
- The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?
    - Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
    - Climbing several flights of stairs
- During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?
    - Accomplished less than you would like as a result of your physical health?
    - Were you limited in the kind of work or other activities as a result of your physical health?
- During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

### HOW TO IMPROVE HOS SCORES

- ❑ If using an electronic medical record (EMR), consider adding a reminder to discuss how the patient feels about their physical health.
- ❑ Address any mobility issues the patient may have and ensure that they are able to maintain their daily living activities.
- ❑ If the patient has any conditions or medications that affect physical health, review methods to maximize patient's physical health.
- ❑ Provide tip sheets to the patient of helpful reminders, stretches and exercises they can do to improve or maintain their physical health.
- ❑ Schedule the patient with another appointment in 4-6 months (or as necessary) to discuss physical health.
- ❑ Provide materials in the office for viewing with exercise tips and physical activity tips. These can be posters on the wall, flyers or brochures to help the patient.
- ❑ Maintain the patient is at a healthy weight and if they are not, discuss options for diet and weight loss plans

# HOS Tips:
## Monitoring Physical Activity

### MEASURE DESCRIPTION

Adult Medicare members 65 years and older who discussed exercise with their doctor and were advised to start, increase or maintain their physical activity during the year.

### HEALTH OUTCOMES SURVEY QUESTIONS

- In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.
- In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

### HOW TO IMPROVE HOS SCORES

- ❑ Assess BMI at each visit.
- ❑ If using an electronic medical record (EMR), consider adding a reminder to discuss physical activity.
- ❑ Consider the medication the patient is on and if that impedes physical activity; if so, consider changing medications or finding other methods of physical activity.
- ❑ Test patient's mobility, gait, balance and strength. Physical activity can help prevent patients from being fall risks.
- ❑ Find out if patient has health conditions that might limit physical activity such as SOB, CVD, etc. and refer to specialty physicians.
- ❑ Ask patients at every appointment about the amount of physical activity they get each day. Encourage daily physical activity in patients that may not incorporate into their daily routines and stress the importance of a healthy lifestyle. If patient cannot afford a gym or exercise equipment, talk with them about walking, taking the stairs, etc. Consider writing a prescription for physical activity.
- ❑ Review exercises and stretches the patient can do, especially if patient has limited mobility.

# Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS®)

## What is CAHPS®?

- A nationally recognized member experience survey designed to capture member perspectives on health care quality
- Produces comparable data for public reporting
- Identify strengths and weaknesses of an organization and target areas for improvement

## Objects of the survey include:

**Determine member ratings of:**

- Their Health Plan Overall
- Overall Health Care Provided
- Their Personal Doctor Overall
- Specialist Care Overall

**Assess member perceptions related to:**

- Customer Service
- Getting Needed Care
- How Well Doctors Communicate
- Shared Decision Making
- Coordination of Care
- Health Promotion and Education
- Getting Care Quickly

**Survey Administration:**

- Health Plans may choose to administer the adult or child survey
- Health Plans may choose to administer based on coverage: Medicaid or Medicare
- Use for health plan accreditation by NCQA (known as the HEDIS® version)

**Importance of Patient Satisfaction**

- An average dissatisfied patient tells 25 others about the negative experiences
- For every patient who complains, 20 other dissatisfied patients don't complain
- Of these dissatisfied patients who don't complain, 10% will return
- It costs 10 times more to attract new customers than it does to retain current ones

**Higher Patient Satisfaction Leads to:**

- Improved retention and loyalty
- Increased enrollment and referrals
- Improved compliance/adherence

- Improved productivity
- Better staff morale
- Reduced staff turnover

**How Can You Help Improve CAHPS® as a Provider?**

- Deliver high quality customer service
- Speak in terms that patients can understand
- Discuss the pros and cons of different treatment options to share decision making with patients
- Ensure schedulers are scheduling appointments in the appropriate time frames:
  - Urgent visit – within 24 hours
  - Routine/Preventative/Well Visit – within 30 calendar days
  - For Medicare patients routine primary care - within seven (7) working days of request
  - Specialist Visit – within 21 calendar days
  - Provide access to Molina Health education brochures in your waiting room to educate patients on expected wait time depending on the appointment type. There are examples in the Member Resource section of this manual

For more information go to: www.CAHPS.ahrq.gov

# Improving Patient Satisfaction: Tips for Your Provider Office

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention, but can also help increase compliance with physician recommendations and improve patient outcomes. Are you looking for ways to help improve patient satisfaction and increase CAHPS® scores? Here are a few suggestions that may help:

## Review appointment scheduling protocols and access to care standards

<table>
<tr><th>Tips</th><th>Benefits</th></tr>
<tr><td>The access standards below are based on standards outlined per contract:<br><br>Visit Type — Standard Wait Times<br>Urgent Care — Within 24 Hours<br>Non-Urgent Routine Care — Within 14 calendar days<br>Well Child/Adolescent Preventive Care — Within 30 calendar days<br>Adult Preventive Care — Within 30 calendar days<br>Specialist — Within 21 calendar days</td><td>Sets patient expectations</td></tr>
<tr><td>Call patients 48 hours before their appointments to remind them about their appointments and anything they will need to bring</td><td>Reduces no shows</td></tr>
</table>

| | |
|---|---|
| Consider offering evening and/or weekend appointments | **Better access to care** |
| Provide clear instructions on how to access care after office hours | **Reduces ER visits** |

## Related CAHPS® questions:

- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?

## Maximize all visits

| Tips | Benefits |
|---|---|
| For patients who are seen for an office-based E&M service (a sick visit) and are due for a preventive health care visit, consider performing a preventive health care visit if time and indications allow. If time does not allow, please schedule the preventive health care visit for another time. | **Addresses patient needs and improves health outcomes**<br>**Reduces future visits and opens up schedule** |
| Molina Healthcare will reimburse for both E&M services that occur on the same patient on the same day when:<br>1. The ICD-9 or ICD-10 diagnosis codes support payment of both E&M codes (sick visit plus well check visit).<br>2. The office-based E&M service (sick code) reported with modifier 25 documents both E&M services as significant and separately identifiable E&M services.<br>3. Clinical records may be submitted with the claim documenting the criteria above.<br>4. Reimbursement assumes that all other claim payment requirements are satisfied. | **Ensures preventive care needs will be addressed more timely** |

## Enhance patient triage process and office experience

| Tips | Benefits |
|---|---|
| Consider assigning staff to perform preliminary work-up activities (e.g. blood pressure, temperature, etc.) | **Shortens patient's perceived wait time** |
| While waiting, consider providing something to occupy their attention (e.g., current reading materials, health information) | **Shows patients you acknowledge that their time is important** |
| Give a brief explanation for any provider delays and provide frequent updates. Offer options to reschedule or be seen by another provider (including a PA or NP) | **Sets patient expectations** |

## Encourage open communication with patient

| Tips | Benefits |
|---|---|
| Review all treatment options with patient<br>Ask patients to list key concerns at the start of the visit | Ensures patient's needs are met |
| Review all medications to ensure understanding for taking the medication and to encourage adherence | Facilitates medication adherence and better health outcomes |
| Offer resources, such as health education materials and interpreters<br>Ask patients if all questions and concerns were addressed before ending visit | Patients feel sufficient time was spent with them |
| Show empathy<br>Take complaints seriously and try to resolve immediately | Shows patients that they are being heard |

### Related CAHPS® questions:

- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How much did a doctor or other health provider talk about the reasons you might want to take a medicine?

### Additional resources for office staff and patients:

**24 Hour Nurse Advice Line**
For additional after hours coverage, Molina Healthcare members can call:
(888) 275-8750 (English)
TTY: 711
(866) 648-3537 (Spanish)
TTY: 711

**Provider Web Portal**
Providers can access the provider web portal at www.MolinaHealthcare.com to:

- Check member eligibility
- Submit a claim & check claim status
- Search for your patients
- Submit & check status of service request authorizations

**Interpreter Services**
Molina Healthcare members can access interpreter services at no cost. Call Member Services at (888) 999-2404 to arrange this service.

# Risk Adjustment (RA)

Risk Adjustment (RA) is the process in which Centers for Medicare and Medicaid Services (CMS) uses health status information gathered from providers and health plans as well as demographic information to assess the health status of a member.

The process is driven by accurate submission of complete specific diagnosis codes for all medical conditions affecting Medicare, Marketplace, and Medicaid beneficiaries and accurate medical record documentation supporting those codes. Accurate Risk Adjustment submission allows a complete picture of a beneficiary's health status.

Risk Adjustment Data Validation: CMS performs annual medical record review, also called Risk Adjustment Data Validation (RADV) to determine if the diagnosis codes submitted by providers and health plans are accurate.

Medical Records Guidelines: Based on 2012 CMS Risk Adjustment Participant Guide.

A medical record should:

- Be clear, concise, consistent, complete and legible
- Have the patient name and date of service on each page of the progress note
- Be signed by the provider along with appropriate credentials (signature stamps alone are no longer accepted)
- Be properly authenticated (with date stamp) by the provider if using an electronic medical record

## Medicare and Dual Options Quality Partner Program

The Quality Bonus Payment Program recognizes participating providers who have statistically demonstrated sound clinical care practice(s), who accurately evaluate and record chronic conditions and who conduct quality-focused programs on behalf of Molina Healthcare's Medicare Members and Dual Options Members.

The objective of this program is to recognize providers for assisting Molina Healthcare in achieving its performance goals in areas of significant importance to Molina Healthcare Medicare and Dual Options Members. In order to be eligible for any bonus payments under this Quality Partner Program the provider must remain in full compliance with Molina Healthcare in accordance with the terms and conditions of your Molina Healthcare contract and the Provider Manual. In addition, providers must be registered with Molina Healthcare's Provider Web Portal to qualify for participation in the Quality Partner Program.

To ensure your successful participation in Molina Healthcare of Wisconsin Annual Comprehensive Exam (ACE) program, please refer to this document for instructions and guidelines. Detailed information regarding the program including timeline for submission can be viewed and downloaded from the Molina Healthcare Provider Self Services. Log in to your account at https://provider.molinahealthcare.com.

## Instructions for the ACE program:

1. Schedule a Face-to-Face visit with each member with a pre-populated ACE Form.
    a. Telephone encounters **will not** qualify for this program.
2. Review the pre-populated Member Information Profile. The Member Information Profile provides information about the member's medical and prescription history and other suspected health conditions. It is suggested that every condition listed on the report be reviewed.
3. Complete all areas of the ACE Form that are marked as **Required** on the ACE Form Instructions table.
    a. Ensure that each condition in the Assessment and Treatment Plan section is assessed with a Status and Treatment Plan. Any Suspect Conditions that are confirmed should be documented in one of the blank areas of the Assessment and Treatment Plan.

b. Any conditions that you are uncertain of must be documented in the Treatment Plan with the verbiage: "uncertain," "unsure," or "not confirmed," along with a plan to confirm the condition such as "refer back to member's cardiologist."

c. Sections that are marked As Applicable may be required if the member is over a certain age. Please refer to the details for each section.

d. Date of Service is required on each page and the assessment must have provider signature, credentials, and date signed.

4. To ensure you receive applicable incentive payment(s) in a timely manner, please be sure to fax all completed ACE Forms to the fax number on the ACE form.
5. For questions regarding the program, please contact your Risk Adjustment Health Plan Representative at WIRiskAdjustment@molinahealthcare.com

# Hierarchical Condition Category (HCC) Coding Pearls

We are aware Hierarchical Condition Category (HCC) coding can be confusing and time-consuming. Molina Healthcare has implemented a new program for risk adjustment to provide education focusing on coding and correct documentation to make the HCC Coding process easier, faster, and more accurate. This new program is called Hierarchical Condition Category (HCC) Pearls.

The HCC Pearls are concise tips for easily and effectively identifying, coding and documenting the status of your patients, according to the rules of the Centers for Medicare and Medicaid Services (CMS).

Reading and understanding HCC Pearls will take a few minutes of your time to review the following Pearls- and we believe they will save far more than that when you put the information into practice. HCC Pearls are especially pertinent, not just for Molina Patients, but for patients within all insurance lines accepted into your office. If you are interested in receiving updated Pearls each week, please email WIProviderEngagement@Molinahealthcare.com.

# HCC Pearls- Molina Healthcare Coding Education

The following codes used in this document are for illustrative purposes only.

# Molina Healthcare Coding Education
## ICD-10 Overview - Making Sense of the Structure


**Are there noticeable differences in the formatting of ICD-9 to ICD-10? What do these changes mean?**

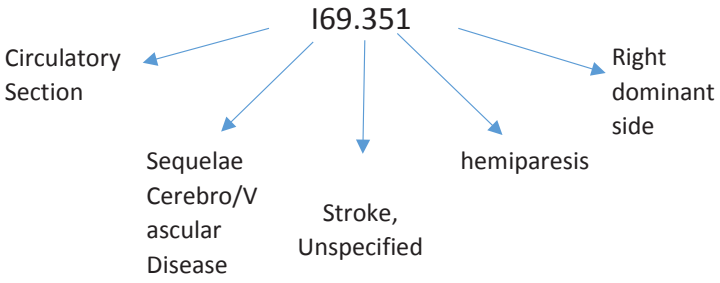
**Yes, there are noticeable changes!**

The purpose of this Pearl is to familiarize providers with the format of ICD-10. Codes I69.351 and N18.4 have been used as examples with a breakdown of characters.

Please review the information provided for you with examples.

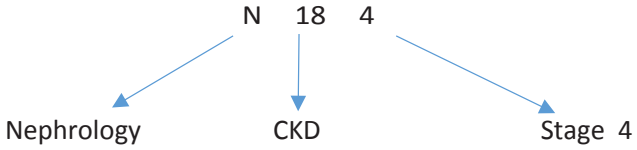
**ICD-10 is alphanumeric and each diagnosis consists of 3 to7 characters.**

- 1st character is always a letter indicating the body system.
  - Example: E = Endocrinology, J = Respiratory system, but C & D = Neoplasms
- 2nd character is always numeric and further refines the category.
- 3rd to 6th characters can be alpha or numeric, and indicates etiology, anatomic site and/or severity.
- 7th character may be required for OB, injuries, and external causes of injury.




Code I69.351 Sequelae of Stroke, hemiparesis, right dominant side

**Code I69.351 Sequelae of stroke, hemiparesis, right dominant side**




**Code N18.4 CKD Stage 4**

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

# Molina Healthcare Coding Education
## Alcohol Dependency

DSM-5 diagnostic criteria for:
*Alcohol dependency (moderate to severe)*

A problematic pattern of alcohol use leading to clinical impairment as manifested by 4 or more of the following symptoms within a 12-month period:

1. Alcohol taken in larger amounts or over longer period than was intended.
2. Persistent desire or unsuccessful efforts to cut down or control use.
3. Large amount of time spent in activities necessary to obtain or use alcohol, or recover from effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent use resulting in failure to fulfill major role obligations at work, school or home.
6. Continued use despite knowledge of having persistent or recurrent social/interpersonal problems caused or exacerbated by effects of alcohol.
7. Important social, occupational or recreational activities given up or reduced because of use.
8. Recurrent use in situations in which it's physically hazardous.
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
    b. A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal symptoms of alcohol.
    b. Alcohol (or a closely related substance, e.g., a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

**Documentation Examples:**

1. ***Assessment:*** Patient with tolerance - use has increased from 12 12-oz beers daily to 18-20 12-oz beers daily. Has tried but states he's unable to stop use despite work and marriage problems due to alcohol dependence. Missing work 3-4 days/month. Late to work several times/week. Increase in intensity of arguments with wife. Wife threatening to divorce. Patient is aware of risks of continuing use especially given A-fib and Coumadin medication therapy.

   ***Plan:*** Referred patient to AA meetings or other 12-step support program. Patient will consider.

   **ICD-10 Code:** F10.20, Alcohol dependence, uncomplicated

2. ***Assessment:*** Patient is alcohol dependent, sober for 8 years.

   ***Plan:*** Patient encouraged to continue abstinence and continue AA attendance.

   **ICD-10 Code:** F10.21, Alcohol dependence, in remission

**The codes used in this document are for illustrative purposes only*

The ***CAGE Questionnaire*** is an effective tool in assessing alcohol abuse and dependence. The tool is not diagnostic but is indicative of the existence of an alcohol problem. A positive screen must be followed by a clinical assessment to determine diagnosis.

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Amending Your Progress Notes

I forgot to add an evaluative statement to my diagnosis. How long do I have to amend/change a note after seeing the patient and submitting the super bill?

- 10 business days is the current recommendation for most circumstances.

The optimal suggested time frame for a clinician to modify a progress note is up to 10 working days after the initial office visit.

**Documentation Examples:**

Date of Service 11/22/15

**A/P:**

1. Thrombocytopenia will monitor
   - **ICD-9 Coded and billed 287.5**
   - **ICD-10 code D69.6**

Date of Revision 11/29/15

**A/P:**

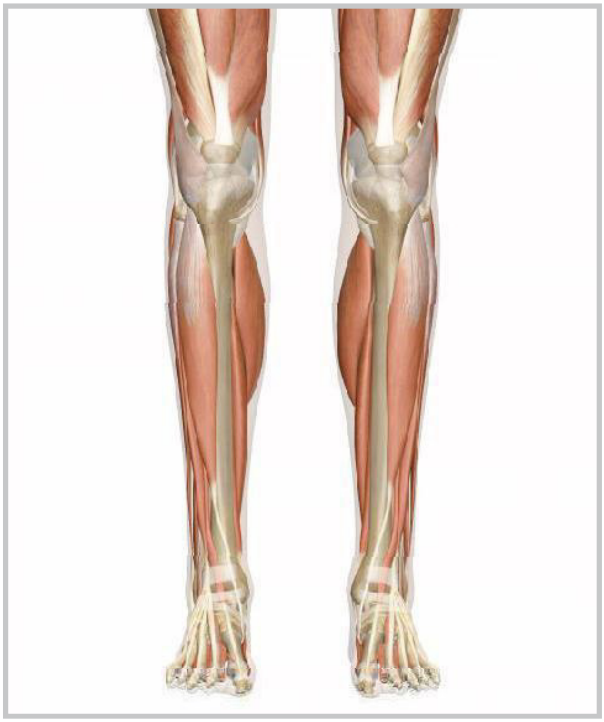
1. Thrombocytopenia

   ***Assessment:***
   Stable

   ***Plan:***
   Will monitor labs and clinical status

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

# Molina Healthcare Coding Education
## Amputations



### Welcome to the Molina Healthcare Coding Institute.

**Molina HealthCare** is committed to supporting your clinical practice. Please take a moment to review this HCC Pearl.

Coding amputations are often missed by ambulatory providers. Therefore, unless a patient presents with an acute complication in the outpatient setting, many providers simply forget these diagnoses codes.

V codes for lower extremity amputations risk adjust, it is very important to document the status on your progress note.

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### Coding Amputations

> Lower Limb Amputations
  - Toes:
    - *Great toe V49.71*
    - *Other toes V49.72*
  - Foot and ankle:
    - *Foot V49.73*
    - *Disarticulation ankle V49.74*

> Knee
  - Leg below Knee V49.75
  - Leg above knee V49.76

> Hip
  - Disarticulation of hip V49.77

> Related HCC Codes
  - Phantom limb syndrome 353.6
  - Late effect traumatic amputation 905.9
  - Amputation stump complication
  - Neuroma of amputation stump 997.61
  - Chronic infection of amputated stump 997.62

### Acceptable Documentation:

> 70 year old male with right BKA ,
*Assessment:* Wound site stable,
*Plan:* Continue use of prosthesis

### Incomplete Documentation:

> 68 year old female needing prosthesis evaluation,
*Assessment:* Gait normal
*Plan:* Use wheelchair

**Have Questions?**
Contact: Ramp@molinahealthcare.com

# Molina Healthcare Coding Education
## Cancer Documentation

Coding cancers confuses many ambulatory providers since there are nuances to cancer coding based on whether the patient is actively undergoing treatment for their condition.

In addition, in order to support a coding review, documentation of a current treatment intervention must be present in the note.

V-Codes are also known as Aftercare Codes. These codes are reserved for patients with a history of cancer not currently in treatment. Remember if you use the term "History of ... ", then a V-Code is required unless you have clearly stated in the Assessment and Plan that treatment is ongoing.

The most common exception to using a V code in the post treatment setting is Leukemia in remission (204.00 - 208.92).

Tip: Try not to rely solely on an Oncologist when documenting a cancer condition. Obtain reports from the Oncologist and update your progress notes at each visit in order to full capture cancer diagnoses.

**Cancer Conditions**

- Metastatic Cancers & Acute Leukemia
- Lung and Other Severe Cancers
- Lymphoma and Other Cancers
- Colorectal, Bladder, And Other Cancers
- Breast, Prostate, and Other Cancers and Tumors

**When are Cancer Conditions Considered "Current" and "Active"?**

**Acceptable Documentation**

- Cancer conditions are "active" if the patient is currently being treated for the condition
  - 62 year old female with Breast Cancer currently on Tamoxifen followed by Oncology.
    **Assessment**: Improving (coded as 174.9, provider documented the CA as being actual treatment for the condition and being treated by a specialist)
    **Plan:** Continue current care
    - **ICD-10 Code for Breast CA: C50.919**
- If the patient refuses treatment then document:
  - 45 year old male with Lung CA
    **Assessment:** Patient refuses treatment. (Coded as 162.9, even though member refuses treatment we can still code the condition as active as long as the provider documents that treatment was refused)
    **Plan:** Continue current care
    - **ICD-**10 Code for Lung CA C34.90
  - 52 year old woman with chronic lymphocytic leukemia.
    **Assessment:** Patient opted for no treatment. (Coded as 204.10, even though member refuses treatment we can still code

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

the condition as active as long as the provider documents that treatment was refused)

**Plan**: Encourage positive lifestyle choices and supportive care

- **ICD**-10 Code for Chronic Lymphocytic Leukemia C91.10

**Incomplete Documentation**

- No treatment or indication of the cancer as being active
  - 56 year old Male with Prostate cancer followed up by Urologist.
    ***Assessment:*** Uncertain status (Unable to code the cancer as active, follow ups can also be considered as just surveillance for the condition)
    ***Plan****:* No change
- CMS considers a patient cancer free if:
  - The condition has been eradicated by surgery / radiation/chemo, OR
  - the patient has completed all treatment
- Use V-Codes when your documentation says:
  - "History of …" AND no treatment is currently occurring
  - Leukemia in Remission (204.00 – 208.92)

May be coded as Current (i.e. No V-Codes)

# Molina Healthcare Coding Education
## Cerebrovascular Accident (CVA)

### Welcome to the Molina Healthcare Coding Institute.

**Molina HealthCare** is committed to supporting your clinical practice. Please take a moment to review this HCC Pearl.

One of the most common mistakes made in the world of Risk Adjustment is the documentation & coding of Acute CVA (434.91).

Acute Cerebrovascular Accident CVA is only coded during the initial episode of care. Post-Discharge, document and code "History of CVA" with or without residual or late effects.

V-Codes or Aftercare Codes are reserved for patients with a history of CVA without any lingering neurologic deficit.

Remember the term "History of …", will require a V-Code if the patient doesn't have any late effects due to said condition.

However, if the patient has any residual deficit, use "Late effects of CVA" (438.0 - 438.9).

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### Coding Stroke, Acute CVA Is For Inpatient Use

### When Do I use V-Codes?

> When caring for stroke in the Post-Acute Setting:

- *TIA and/ or CVA WITH NO residual deficit (V12.54) OR, in other words, "full recovery"*
- *Family History of CVA (V17.1)*

### Exception!

> Late effects due to CVA have to be documented and the history of CVA doesn't need to be reported, since it is already included in ICD 9 code for the late effect.

### Acceptable Documentation

> 70 year old Latino male with Hemiplegia affecting dominant side due to CVA *Assessment:* Uncertain status (coded as 438.21, provider documented the diagnosis to the highest level of specificity and linked the Hemiplegia to the CVA)
*Plan:* Continue Therapy

### Incomplete Documentation

> 70 year old Asian male with history of CVA present with residual left side weakness. *Assessment:* Stable (coded as 438.89, this is most likely a Hemiplegia due to the CVA but, unable to report the code for this condition due to improper documentation)
*Plan:* Medication

### Other Tips for Coding Late Effects:

> Electronic Medical Record Tip:

- *Use the search term "late effects, or due to"*

> Assign the Appropriate 5th digit

- *438.1x - Speech Deficit due to CVA*
- *438.2x - Hemiplegia due to CVA*
- *438.3x - Monoplegia due to CVA*
- *438.4x - Monoplegia of lower limb due to CVA*
- *438.5x - Other Paralytic Syndrome due to CVA*
- *438.8x - Other Late Effects of CV Disease*

**Have Questions?**
Contact: Ramp@molinahealthcare.com

# Molina Healthcare Coding Education
## Chronic Kidney Disease

Documentation and coding of Chronic Kidney Disease (CKD) should be as specific as possible. Recision in the stage of Chronic Kidney Disease, presence or absence of end- stage renal disease (ESRD) and presence or absence of dialysis is critical to proper coding. Documenting the exact stage of CKD requires identifying at least 2 abnormal markers of kidney damage or 2 abnormal GFR's persisting for 3 months or more.

Coding CKD requires the stage, lab findings, status, and treatment plan.

Remember if CKD is due to Diabetes, document the link between these conditions and select both codes that fully describe the condition.

If a provider has documented both CKD and HTN, a coder can assume a relationship between these conditions and select a code from range 403.00 403.91 for the hypertension plus the CKD code.

**What are the Common Diagnostic Distinctions of Kidney Disease?**

- Dialysis Status ("Is the patient on dialysis?")
- Acute vs. Chronic
- Chronic Kidney Disease, Stages 1-5 and End Stage Renal Disease

**What are the ICD-10 Codes which are used for CKD?**

- CKD, Stage I – N18.1
- CKD, Stage II – N18.2
- CKD, Stage III – N18.3
- CKD, Stage IV – N18.4
- CKD, Stage V – N18.5
- ESRD – N18.6
- CKD unspecified – N18.9

**What does complete documentation look like?**

- Stage of CKD
- Pertinent lab findings (e.g. GFR, Micro albumin)
- Status of Condition (e.g. stable, worsening, etc…)
- Treatment plan (e.g. monitor, refer to Specialist, etc.)

**Acceptable Documentation**

- 70 year old male seen for Hypertensive CKD stage III

  **Assessment:** GFR is, member's GFR is being monitored and is being monitored and is being sent to specialist for better control
  **Plan**: Referred to nephrologist

  - **ICD**-10 Code for Hypertensive CKD, Stage 3 I12.9, N18.3

- 68 year old African American male here today for follow up on his Dialysis for ESRD.
  **Assessment:** Improving , the fact that the member is on Dialysis is already enough to pick

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

up both codes)
**Plan**: Continue current care

- ICD-10 Code ERD on Dialysis N18.6, Z99.2

**Incomplete Documentation**

- 68 year old female followed up by the Nephrologist for her kidney disease.
  **Assessment:** Uncertain status
  **Plan**: No change
  - **ICD**-10 Code for Kidney Disease N28.9

**When do I use V-Codes?**

- Dialysis Status
  - ICD-10 Code: Z99.2
- Noncompliance with renal dialysis
  - ICD-10 Code: Z91.15
- Kidney Transplant Status
  - ICD-10 Code: Z94.0

**Remember:**

- Link Associated Conditions:
  - DM Type II w/ Renal Manifestations, CKD 4 due to DM
    - ICD-10 Codes: E11.22 and N18.4
  - Both diagnosis codes should be present to capture this data
  - Hypertensive CKD
    - ICD-10 Codes: I12.0 – I12.9

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Chronic Respiratory Failure

An often confusing topic in the world of Risk Adjustment is around the proper documentation and coding of respiratory failure.

The determination of Acute vs. Chronic Respiratory failure is the responsibility of the provider based on their clinical judgment. Features of chronic respiratory f a i l u r e can include: oxygen dependence, compensatory high blood bicarbonate persistent high resting respiratory rate, and ventilator dependence.

Keep in mind that the diagnosis of hypoxemia maybe more accurate in the patient who does not have true respiratory failure; however, you must also document the disease or diagnosis that has caused the hypoxemia.

**Coding Respiratory Failure:**

It is important to distinguish respiratory failure from hypoxemia (low oxygen saturation) in your clinical documentation.

**Acceptable Documentation**

- 72 year old Latina female with chronic respiratory failure dependent on home oxygen.

  **Assessment:** Good sat's today
  **ICD-10 Code: J96.10**
  **Plan:** will continue current treatment

- 72 year old African American female with acute respiratory distress.

  **Assessment:** Asthma not improving with inhalers

  - **ICD-10 Code: J80**

  **Plan:** will start O2 NC and call ED

**Incomplete Documentation**

- 65 year old Asian female with respiratory Distress

  **Assessment:** Member refuses to use ventilator.

  - **ICD-10 Code: R06.00**

  **Plan:** Education about the importance of being complaint with ventilator treatment.

**Diagnosis That Require Supporting Detail**

- Chronic Respiratory Failure
  - **ICD-10 Code: J96.10**
- Acute respiratory insufficiency/distress
  - **ICD-10 Code: J80**
- Acute respiratory failure
  - **ICD-10 Code: J96.00**

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

- These require accurate and specific clinical descriptions

- **Hypoxia**
  - **ICD-10 Code: R09.02**
  - This diagnosis must be assessed in conjunction with the disease causing the low O2 saturation

# Molina Healthcare Coding Education
# Coding Conditions That Are Controlled or Asymptomatic

**Do I continue to assess, document, and code conditions that are controlled or asymptomatic?**

**Yes!**

Continue to assess, document, and code conditions that do not resolve but are currently controlled or asymptomatic, common examples of these conditions are Diabetes and COPD. Here are a few other examples:

- CHF, compensated or asymptomatic
- Angina, asymptomatic on meds. Please continue coding stable for patients pain free due to CABG or stent
- Intermittent Atrial Fibrillation
- Aortic Atherosclerosis, stable

**Documentation Examples:**

A/P:

- 70 year old female with Angina, no SOB.

  ***Assessment***: Pain free on meds.

  ***Plan:*** Continue nitrates

**Code as:**

- **ICD-10 code**: I20.9 Angina unspecified

A/P:

- 65 year old male with Paroxysmal A-Fib, currently in NSR

  ***Assessment***: INR at target

  ***Plan***: Continue with Coumadin clinic

**Code as:**

- **ICD-10 code**: I48.91 Paroxysmal atrial fibrillation unspecified

A/P:

- 68 year old female with Aortic Atherosclerosis.

  ***Assessment:*** Risk factors discussed, fair control.

  ***Plan:*** Improve lipid control, better diet adherence

**Code as:**

- **ICD-10 code**: I70.0 Aortic Atherosclerosis unspecified

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

# Molina Healthcare Coding Education
## COPD vs. Emphysema Coding and Documentation

The difference between COPD and Emphysema may be confusing to some clinicians.

**Why did I fail audit, I thought COPD and Emphysema are the same thing?**
Documentation and the ICD-10 must match

496 COPD is a *
- Functional diagnosis
- Gold standard is post-bronchodilator PFT

492.8 Emphysema is a *
- Anatomical diagnosis
- CT Scan alone is sufficient for a definitive diagnosis

*A CXR is not sufficient evidence by itself to make diagnosis

## Documentation Examples:

**A/P:**

- 67 year old male, smoker with post bronchodilator PFT's showing moderate obstruction, COPD

  ***Assessment:*** Clinically stable

  ***Plan:*** Encouraged to quit smoking. Provide inhaler Rx and return to office for follow up

**Code as:**

- **ICD 10 code J44.9 unspecified**

**A/P:**

- 70 year old female with Centrilobular Emphysema seen on CT chest

  ***Assessment:*** Currently asymptomatic, quit smoking 2003

  ***Plan:*** Will continue to monitor

**Code as:**

- **ICD-10 code J43.2 Centrilobular emphysema**

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education

## CVA

One of the most common mistakes made in the world of Risk Adjustment is the documentation & coding of Acute CVA.

- **ICD-10 Code: I63.50**

Acute CVA is only coded during the initial episode of care. Post-Discharge, document and code "History of CVA" with or without residual or late effects.

V-codes or Aftercare Codes are reserved for patients with a history of CVA without any lingering neurologic deficit.

Remember – if you use the term "History of…" then this will require a V-Code if the patient doesn't have any late effects due to this condition.

However, if the patient has any residual deficit, then use "Late effects of CVA" (438.0 – 438.9).

**Coding Stroke, Acute CVA Is For Inpatient Use**

**When Do I use V-Codes?**

- When caring for Stroke in the Post-Acute Setting:
  - TIA &/or CVA WITH NO residual Deficit OR, in other words, "full recovery"
    - **ICD-10 Code: Z86.73**
  - Family history of CVA
    - **ICD-10 Code: Z82.3**

**EXCEPTION!**

- When there is a Late Effects due to CVA this has to be documented and the Hx. of CVA doesn't need to be reported anymore since it is already included in ICD 10 code reported for the late effect

**How Do I Document Late Effects of CVA?**

- **Acceptable Documentation**
  - 70 year old Latino male with Hemiplegia affecting dominant side due to cerebrovascular disease

    ***Assessment:*** Uncertain status (provider documented the diagnosis to the highest level of specificity and linked the Hemiplegia to the CVA)
    - **ICD-10 Code: I69.95-**

    ***Plan:*** Continue therapy
- **Incomplete Documentation**
  - 70 year old Asian male with Hx. Of CVA present with residual left side weakness.

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

***Assessment:*** Stable (this is most likely a Hemiplegia due to the CVA, unable to report the code for this condition due to improper documentation)

- **ICD-10 Code: I69.998 and M62.81**

*Plan:* Medication

**Other Tips for Coding Late Effects:**

- Electronic Medical Record Tip:
  - Use the search term "late effects, or due to"
- Assign the Appropriate 5th digit
  - Speech Deficit due to CVA
    - **ICD-10 Code: I69.92-**
  - Hemiplegia due to CVA
    - **ICD-10 Code: I69.95-**
  - Monoplegia due to CVA
    - **ICD-10 Code: I69.93-**
  - Monoplegia of lower limb due to CVA
    - **ICD-10 Code: I69.94-**
  - Other Paralytic Syndrome due to CVA
    - **ICD-10 Code: I69.96-**
  - Other Late Effects of CV Disease
    - **ICD-10 Code: I69.998**

# Molina Healthcare Coding Education
## Diabetes With Complications

A good standard of practice is to document a cause and effect relationship by using linkage terms like "diabetic" or "due to diabetes."

Diabetes with complications requires dual costs; the code for the diabetes is sequenced 1st followed by the manifestation code indicating the complication.

V-Codes are used to designate patients with Diabetes Type II using Insulin or a Family History of Diabetes.

- Diabetes Mellitus with Renal Complications
  - *Diabetes Mellitus with Chronic Kidney Disease*
    - **ICD-10 Codes: E11.22 and N18.1 – N18.9**
  - *Diabetic Nephritis*
    - **ICD-10 Code: E11.21**
  - *Diabetic Nephrosis*
    - **ICD-10 Code: E11.21**
- Diabetes Mellitus with Ophthalmic Complications
  - *Diabetic Cataract*
    - **ICD-10 Code: E11.36**
  - *Diabetic Glaucoma*
    - **ICD-10 Code: E11.39 and H40.9**
  - *Diabetic Macular Edema*
    - **ICD-10 Code: E11.311**
  - *Diabetic Retinopathy*
    - **ICD-10 Code: E11.319**
- Diabetes Mellitus with Neuropathy
  - *DM Gastropathy*
    - **ICD-10 Coded: E11.43**
  - *DM Peripheral Autonomic Neuropathy*
    - **ICD-10 Code: E11.43**
  - *DM Polyneuropathy*
    - **ICD-10 Code: E11.42**
- Diabetes Mellitus with Peripheral Circulatory
  - *DM Peripheral Angiopathy*
    - **ICD-10 Code: E11.51**
- Diabetes Mellitus with Other Specified
  - *DM Chronic Skin Ulcer*
    - **ICD-10 Codes: E11.622 and L97.1-- through L97.9--, L98.41- through L98.49-**
  - *DM Hyperlipidemia*
    - **ICD-10 Code: E11.69 and E78.5**
- When Do I Use V-Codes?
  - *DM using Insulin, Long-Term, Current*
    - **ICD-10 Code: Z79.4**
  - *Family History of DM*
    - **ICD-10 Code: Z83.3**

**Proper DM Linkage (Acceptable)**

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

**Codes used for Diabetic Complications?**

- 62 year old Latino male with Diabetic Gastroparesis. Diabetic CKD and Peripheral Neuropathy.

  ***Assessment:*** Stable

  - ***ICD-10 Code: E11.43***
  - ***ICD-10 Code: E11.21, N18.9, G60.9***

  ***Plan:*** Continue current treatment

- 58 year old African American male with History of PVD due to DM not compliant with mediations as result patient has chronic pressure ulcers.

  ***Assessment***: Improving

  **ICD-10 Codes: E11.51, L89.--**

  ***Plan:*** Labs

**Improper DM Linkage (Incomplete)**

- 62 year old woman her for a follow up on Diabetes Mellitus with Neurological Manifestations, DM with Renal Manifestations, Gastroparesis, CKD and Peripheral Neuropathy.

  ***Assessment***: Improving

  **ICD-10 Codes: E11.9, K31.84, N18.9, G60.9**

  ***Plan*:** Labs

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Diabetes With Eye Manifestations

Diabetic patients are at high risk of developing eye manifestations. The ADA recommends annual screening for all diabetics with a dilated retinal examination. The practice of identifying and treating eye disorders is in order to prevent non-congenital blindness. Diabetes is the most common cause of non-congenital vision lost in the United States.

It is also quite important to remember that cataracts in the setting of Diabetes are commonly seen. It is important to document accurately this condition which is a very common eye manifestation known as a Diabetic cataract.

**ICD-10 Note:** DM with the following statuses should be coded by type, with hyperglycemia:

**Poorly controlled, out of control, uncontrolled**

**Documentation Examples:**

**A/P:**

- 52 year old Asian male with Diabetic Macular Edema, uncontrolled
  - **ICD-10: E11.311, E11.65**

  ***Assessment*:** worsening vision loss

  ***Plan*:** recommend tighter glycemic control, refer to Ophthalmologist
- 62 year old Black male with Diabetic Proliferative Retinopathy
  - **ICD-10: E11.359**

  ***Assessment:*** noncompliant with recommendations

  ***Plan:*** recommend close follow up with CDE and Eye care specialist

**A/P:**

- 61 year old Russian female with Type 1 Diabetic Retinopathy, controlled
  - **ICD-10: E10.319**

  ***Assessment:*** Stable

  ***Plan:*** Will monitor
- 58 year old White female with Diabetic Cataract
  - **ICD-10: E11.36**

  ***Assessment:*** Snelling testing without change

  ***Plan:*** Continue care with Ophthalmology and repeat labs as discussed

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Diabetes With Neurological Manifestations

There are a number of neurological manifestations of Diabetes prevalent in Ambulatory Medicine. Peripheral mono-neuropathy and polyneuropathy are very common in the Diabetic population. Diabetes with neurological manifestations can also be associated with cardiovascular autonomic neuropathy as well which may present with tachycardia and postural hypotension. Additional autonomic neuropathic diagnoses include:

- Bladder dysfunction
- Sexual dysfunction
- Gastroparesis

Examples of mono-neuropathy include:

- Bell's Palsy
- Ulnar neuropathy
- Meralgia Paresthetica: lateral femoral cutaneous nerve disorder
- Diabetic Radiculopathies
- Carpal Tunnel Syndrome

**Documentation Examples:**

**A/P:**

- 55 year old AA female with Diabetes with neurological manifestations, uncontrolled and polyneuropathy

  **Assessment:** Improved in current therapy

  **Plan:** Continue Neurontin and tight glucose control

  **ICD-10: E11.40**

**And**

**A/P:**

- 66 year old Latina with Diabetes with neurological manifestations, controlled, and Carpal Tunnel Syndrome

  **Assessment:** Symptoms greatly improved s/p surgical release

  **Plan:** Will continue to monitor labs and clinical status

  **ICD-10: E11.49 and G56.00**

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

# Molina Healthcare Coding Education
## DM with Other Manifestations

When is Diabetes with other manifestations used when evaluating a patient with a certain diagnosis? Other manifestations include complications that are not related to renal, ophthalmologic, neurologic or vascular disease.

Some other manifestations may include but are not limited to:

- Hypertension
- Obesity
- Hyperlipidemia
- Coronary Disease
- Hypoglycemia
- Muscular findings including Dupuytren's contracture
- Skin and Nail findings including Onychomycosis

**Documentation Examples:**

**A/P:**

- 70 year old AAM with Diabetes and Hypertension presenting for follow up

  ***Assessment*:** Stable with current therapy

  ***Plan***: Continue current management

  **ICD-10: E11.69 Type II Diabetes Mellitus with other specified complications**

  **I10 Hypertension**

**Or**

**A/P:**

- 68 year old Latino Male with known Diabetes presenting with onychomycosis secondary to DM

  ***Assessment***: Improved nail care after extensive podiatry care

  ***Plan*:** Provide additional education regarding adherence to nail and skin care management

  **ICD-10: E11.69 Type II Diabetes Mellitus with other specified complication**

  **B35.1 Onychomycosis**

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

# Molina Healthcare Coding Education
## Diabetes with Peripheral Circulatory

Why do I have to change my documentation?

CMS and Health Plans are now requiring more precision!

**For DM with peripheral circulatory manifestations**

- Clearly link the diabetes and manifestation
- Document an evaluation and plan for both diabetes and the manifestation
- Use the right ICD10 code

**Documentation Examples:**

**Written**

- 66 year old Latino male with diabetic peripheral angiopathy

  **Assessment:**
  Diabetes mellitus controlled
  **Plan:**
  Continue glypizide, PVD stable, continued exercise and monitor.

**EMR**

- 68 year old Asian male with Diabetes with peripheral circulatory manifestation.

  **Assessment:**
  Sugar controlled
  **Plan:**
  Continue glypizide

- 65 year old Latino male with angiopathy in other disease, due to diabetes mellitus
  **Assessment:**
  Stable
  **Plan:**
  Continue exercise and monitor

**Code as:**

- **ICD-10 Code:** E11.51
- Diabetes with Circulatory disease, peripheral angiopathy in other disease

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Diabetes with Eye Manifestations

Diabetic patients are at high risk of developing eye manifestations. The ADA recommends annual screening for all diabetics with a dilated retinal examination. The practice of identifying and treating eye disorders is in order to prevent non-congenital blindness. Diabetes is the most common cause of non-congenital vision lost in the United States.

It is also quite important to remember that cataracts in the setting of Diabetes are commonly seen. It is important to document accurately this condition which is a very common eye manifestation known as a Diabetic cataract.

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**Documentation Examples:**

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- 52 year old Asian male with Diabetic Macular Edema, uncontrolled
  - **ICD-10: E11.311, E11.65**

  ***Assessment*:** worsening vision loss

  ***Plan*:** recommend tighter glycemic control, refer to Ophthalmologist
- 62 year old Black male with Diabetic Proliferative Retinopathy
  - **ICD-10: E11.359**

  ***Assessment:*** noncompliant with recommendations

  ***Plan:*** recommend close follow up with CDE and Eye care specialist

**A/P:**

- 61 year old Russian female with Type 1 Diabetic Retinopathy, controlled
  - **ICD-10: E10.319**

  ***Assessment:*** Stable

  ***Plan:*** Will monitor
- 58 year old White female with Diabetic Cataract
  - **ICD-10: E11.36**

  ***Assessment:*** Snelling testing without change

  ***Plan:*** Continue care with Ophthalmology and repeat labs as discussed

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Diabetes with Vascular Manifestations

The role of glycemic control on microvascular disease in type 2 diabetes was documented in the United Kingdom Prospective Diabetes Study (UKPDS). Many studies suggest a correlation between higher rates of cardiovascular disease (CVD) and chronic hyperglycemia, thus it is our responsibility to screen, prevent and treat these complications in our patients. The clinical evidence supports initiating intensive therapy to target Hgba1c goals as early as possible in the course of Diabetes. Aggressive cardiac risk reduction (smoking cessation, aspirin, blood pressure control, reduction in serum lipids, preferably using a statin, diet, exercise, and, in high-risk patients, an angiotensin-converting enzyme inhibitor) should be the goal for Type 2 Diabetics.

**EMR Documentation Examples:**

**A/P:**

- 72 year old male with DM w/ vascular manifestations, controlled
  - **ICD-10 Code: E11.51**

  **Assessment:** well controlled

  **Plan**: Continue ASA, ACE Inhibitor and statin daily
- 72 year old male with Peripheral Angiopathy in other Disease
  - **ICD-10 Code: E11.51**

  **Assessment:** well controlled

  **Plan:** Continue current therapy

**Paper Charting Documentation**

**A/P:**

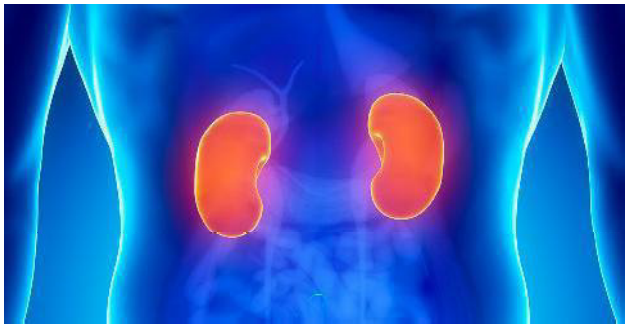
- 64 year old female with Diabetic Vascular Disease, uncontrolled and atherosclerosis of left leg
  - **ICD-10 Code: E11.59, E11.65, I70.202**

  **Assessment:** Progressive disease based on clinical findings

  **Plan**: Recommend tighter glucose control, smoking cessation and compliance with medications to reduce risk of further CVD disease

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Dialysis



### Welcome to the Molina Healthcare Coding Institute

**Molina Healthcare** is committed to supporting your clinical practice. Please take a moment to review this HCC Pearl.

**My patient with GFR of 7 started on dialysis, I coded V45.11 (dialysis status). But Do I also code CKD 6?**

**— YES!**

Do not use CKD5 (585.5) if the patient has ESRD and is on dialysis.

**Code any patient on long term dialysis as 585.6 (ESRD/CKD6) PLUS V45.11* (Renal dialysis status)**

* appropriate for hemodialysis or peritoneal dialysis.

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### Documentation Examples:

**ICD9 code V45.11 (dialysis status)**

**+ 585.6 (ESRD/CKD6)**

ICD10 code Z99.2 (dialysis status) + N18. 6 (CKD6)

» 72 year old Latino male with End Stage Renal Disease on dialysis

***Assessment:***
Weight stable, compliant with renal diet.

***Plan:***
Follow up with renal and encouraged hemodialysis compliance, use of vitamins and medical therapy.

**Code as:**

» ICD9 code 585.6

» ICD10 code N18.5 (CKD6)

» 71 year old Asian male with glomerular filtration rate of 13

***Assessment:***
Chronic KidneyDisease stage 5,has refused dialysis.

***Plan:***
Reconsidering, will arrange a family meeting

**Have Questions?**
Contact: Ramp@molinaHealthcare.com

# Molina Healthcare Coding Education
## Diabetes Documentation Part II

Chronic Kidney Disease (CKD) is one of the most prevalent disorders in medicine. The ultimate and most devastating result of worsening chronic kidney disease is End Stage Renal Disease (ESRD). The resources needed to provide for the numerous medical and surgical needs of these patients are tremendous thus it is imperative that the appropriate diagnoses are coded annually. Documentation for Dialysis (Hemodialysis or Peritoneal) should be documented and CKD6.

**ICD10 Z99.2 Dialysis status, N18.6 ESRD/ CKD6**

**Documentation Examples:**

**A/P:**

- Acceptable documentation

  70 year old female with ESRD on Hemodialysis

  ***Assessment:*** Weight stable

  ***Plan:*** Follow up with nephrologist and continue diet and vitamins

  **ICD-10: Dependence on Renal Dialysis – Z99.2 and ESRD/CKD6 – N18.6**

**And**

**A/P:**

- Acceptable documentation for refusal of treatment

  70 year old male with ESRD and GFR 10

  ***Assessment:*** Patient is denying further management and dialysis

  ***Plan:*** Will monitor and recommend family meeting

  **ICD-10: ESRD/ CKD6- N18.6**

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Documentation of Primary Cancer

How do I document cancer accurately? When do I code for current Cancer vs. History of Cancer?

Cancer is only considered current if any of the following applies:

- Newly diagnosed Cancer, currently considering treatment options.
- Cancer on active treatment (Tamoxifen, Lupron, radiation therapy, etc.)
- On adjunct therapy
- Surgical removal has not been performed

**It is important to ensure complete documentation of the status of the cancer for proper coding:**

- Tamoxifen for Breast Cancer, Lupron for Prostate Cancer
- Surveillance with no evidence of disease doesn't count!

If none of the above is clearly documented, the Cancer should be coded as history of.

**Initial Dx**

- 70 year old Latino male with Prostate Cancer

  ***Assessment:*** Stable

  ***Plan:*** See Urologist on Friday

**Code as:**

- **ICD-10 code:** C61 Prostate Cancer unspecified

**Established Dx**

- 71 year old African American male with Prostate Cancer

  ***Assessment***: Biopsy positive Gleason 6.

  ***Plan:*** Start Lupron

**Code as:**

- **ICD-10 code:** C61 Prostate Cancer unspecified

**History of Cancer**

- 72 year old African American male with Prostate Cancer post radical prostatectomy

  **Assessment:** Doing well, PSA's normal

  **Plan:** F/U 6 months

**Code as:**

- **ICD-10 code:** Z85.46 history of Prostate Cancer unspecified

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Diabetes of Metastatic Disease

**Why should I accurately document and code Metastatic Cancer?**

- Metastatic Cancer can have up to 10x the RAF value of the Primary Cancer
- It provides a more accurate health status of the patient.
- Document the site where the Cancer originated, as well as the site where the Cancer has metastasized

**How do I code Metastases?**

- Code the area of the body with Metastases

Ex. Mets to lung 197.0

**Documentation Examples:**

**Initial Dx.**

- 66 year old Latino male

  ***Assessment:*** Pathology report shows Prostate Cancer with Metastasis to Inguinal LN

  ***Plan:*** To see Oncologist on Monday

**Code as:**

- **ICD-10 code**: C61 for Primary Prostate Cancer AND C774 for Secondary Cancer to Inguinal LN

**Established Dx.**

- 70 year old Asian male with Metastasis to bone

  ***Assessment:*** Hydrocodone now insufficient for pain

  ***Plan:*** Discussed with Palliative Care, will start Roxanol, refer for Radiation Therapy

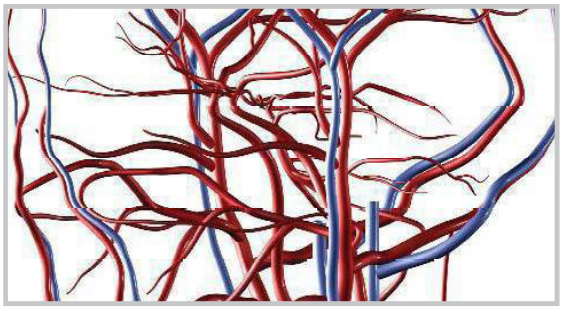
**Code as:**

- **ICD-10 code**: C7951 for Secondary Cancer to Bone AND C801 for primary unknown Malignant Neoplasm

**Always document and code both the Primary Cancer and any Metastatic Cancer!**

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## DVT



### Welcome to the Molina Healthcare Coding Institute

**Molina Healthcare** is committed to supporting your clinical practice. Please take a moment to review this HCC Pearl.

The determination and accurate documentation of Acute vs. Chronic Deep Vein Thrombosis (DVT) is the responsibility of the treating provider and is based on clinical judgment. However consider the following:

- Acute DVT supports ***initiation*** of anticoagulant therapy.
- Chronic DVT supports ***continuation*** of anticoagulant therapy

V-Codes or aftercare codes are reserved for patients with a history of DVT that is no longer present (V12.51). If a patient is currently undergoing anticoagulant therapy, then use codes 453.5x OR 453.7x.

**Remember:** Document and code DVT as "Chronic" and NOT "History of' if the patient is undergoing long-term anticoagulant therapy.

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### When Does DVT become "Chronic"?

» Based on the clinical judgment of the provider

### Which DVT Condition Supports Anti-Coagulation?

» "Acute DVT" supports initiation (this is only acceptable in an acute setting i.e. ER, UC, H&P)
» "Chronic DVT" supports continuation

### What are the ICD-9 Codes for DVT?

» DVT Lower Extremity:
  - Acute - 453.40 - 453.42
  - Chronic - 453.50 - 453.52
» DVT Upper Extremity:
  - Acute - 453.82 - 453.83
  - Chronic - 453.72 - 453.73

### Acceptable Documentation

» 65 year old African American female on anticoagulation therapy for Chronic DVT.
*Assessment:* Stable ***(Coded as 453.50, the fact the patient is on Anticoagulation therapy is enough documentation to support the DVT)***
*Plan:* Refills granted.

### Incomplete Documentation

» 65 year old Latino male present for refill on Coumadin for his Acute DVT.
*Assessment:* Stable ***(Coded V12.51, unable to code the Acute DVT unless provider states that patient's DVT was initially found on this specific DOS, otherwise it has to be coded as history)***
*Plan:* No Change

### When Do I Use V-Codes?

» DVT is No Longer Present: V12.51
» S/P DVT w/Long-Term Anti-Coagulation Therapy V58.61

### Remember:

» Use "Chronic" and NOT "History of" with Long Term Anti-Coagulation Therapy.

**Have Questions?**
Contact: Ramp@molinaHealthcare.com

# Molina Healthcare Coding Education
## Fractures

Coding a fracture confuses many ambulatory providers since they are usually not seeing patients in a Hospital or Emergency Room setting. Therefore, unless a patient presents with an acute onset of fracture in the outpatient setting, codes like 805.00 or 808.00 should be reserved for first time, acute onset presentations.

V-codes are also known as Aftercare Codes are reserved for post-acute settings (i.e. for coding a healing fracture, and are often appropriate for ambulatory care).

In the post-acute setting code 733.13 (Pathologic Vertebral Fracture) requires special attention. This code should be applied when a patient is having chronic pain & is on Pain medication. However osteoporosis therapy alone does not qualify the use of this code.

### What ICD-10 Do I Use To Code Acute Fracture?

- Vertebral Fractures without Spinal Cord Injury (HCC 169)

  **Pathologic Fracture**
  - ICD-10 Code:
    - M84.48XA, M84.453A
  - Includes Fractures due to Osteoporosis

  **Traumatic Fracture:**
  - ICD-10 Code: S12.----
- Hip Fracture/ Dislocation (HCC 170)

  **Traumatic Fracture:**
  - For Pelvic, Hip, & Parts of Femur
- For Acute Phase Coding Only!
  - Emergency Room Setting
  - Orthopedic Specialist

### Acceptable Documentation

- 65 year old Latino woman presents with severe pain due to Pathological Fx of Vertebra due to Osteoporosis.

  **Assessment:** Worsening (In ICD-10 code M84.48XA and M80.88).

  **Plan:** Dexascan and change the pain medication

### Incomplete Documentation

- 65 year old Asian male here to follow up on Hypertension present with Hip Fx

  **Assessment:** Worsening ( In ICD-10 code as S72.00)

  **Plan:** Refill pain killers

### S/P Traumatic Fracture:

- Use ICD-10 code: Assign acute fracture code with the appropriate 7th character

### S/P Pathologic Fracture

- Use ICD-10 Code: Acute fracture code with the appropriate 7th character

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

**Exception!**

- Pathologic Vertebral Fracture
  - ICD-10 Code: M84.48XA and M80.88--
- **May be used in post-acute setting if patient is:**
  - Having chronic pain and on pain medication.
  - Meds alone do not qualify using this code

**Remember:**

Fractures of any kind are a CMS 5 STAR Metric. Please get a DEXA scan &/or Prescribe Osteoporosis therapy within 6 months of the fracture event & when coding 733.13

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Hepatitis

Coding hepatitis can be a bit challenging. The key is differentiating between the acute and chronic states. Chronic Hepatitis B and C are risk adjusted diagnosis, Acute Hepatitis and Hepatitis unspecified codes are not.

How does one define Chronic? After an initial infection, any persistence of the virus is considered chronic.

Chronic Hepatitis C affects approximately 4 million Americans. The CDC recommends screening for the following higher risk patients:

IV drug use, transfusion of clotting factors prior to 1987, transfusion of blood or organs prior to1992, hemodialysis, current liver disease, HIV infection, healthcare workers, and children born to HCV positive mothers.

Chronic Hepatitis B is very common in Southeast Asia, China, and Sub-Saharan Africa. Statistics report that 1 in 10 persons from South Asia may have Chronic Hepatitis B thus screening patients from this area is very important.

- Chronic Hepatitis C
  - Without coma, without mention of delta B18.2
  - With coma B18.2
- Chronic Hepatitis B without coma,
  - without delta B18.1
  - With delta B18.0

### What are the non-viral chronic hepatitis codes?

- Chronic Hepatitis, unspecified
  - **ICD-10 Code:** K73.9
- Chronic Persistent Hepatitis
  - **ICD-10 Code**: K73.0
- Autoimmune Hepatitis
  - **ICD-10 Code**: K75.4
- Alcoholic Hepatitis
  - **ICD-10 Code:** K70.10

### Acceptable Documentation:

- 65 year old Vietnamese male with Chronic Hepatitis B with stable LFT's here for follow up needing additional labs

  ***Assessment***: No New concerns

  ***Plan***: Repeat studies and repeat imaging

- 58 year old with Schizophrenia, IV drug use needing evaluation of Chronic Hepatitis here for f/u

  - **ICD-10 Code**: F20.9

  ***Assessment:*** Uncertain status

  ***Plan:*** Repeat labs and follow up in 1 month

### Incomplete Documentation:

- 65 year old Vietnamese male here for follow up
  ***Assessment***: Chronic
  ***Plan:*** Check labs

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## How to Code a Patient on Dialysis

**My patient with GFR of 7 started on dialysis, I coded Z99.2 (dialysis status). But do I also code CKD 6?**

**--Yes!**

Do not use CKD 5 if the patient has ESRD and is I dialysis.

**Code any patient on long term dialysis as (ESRD/CKD6) PLUS Z99.2 (Renal dialysis status)**

**Documentation Examples:**

**A/P:**

- 72 year old Latino male with End Stage Renal Disease on dialysis

  **Assessment**: Weight stable, compliant with renal diet

  **Plan:** Follow up with renal and encourage hemodialysis compliance, use of vitamins and medical therapy.

**Code as:**

- **ICD-10: Dependence on Renal Dialysis – Z99.2 and ESRD/CKD6 – N18.6**

**And**

**A/P:**

- 71 year old Asian male with glomerular filtration rate of 13

  **Assessment**: Chronic Kidney Disease stage 5, has refused dialysis

  **Plan:** Reconsidering, will arrange a family meeting

**Code as:**

- **ICD-10: ESRD/ CKD6- N18.6**

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

# Molina Healthcare Coding Education
## Hypercoagulable State

**When Should I Code D68.69?**

- Code secondary hypercoagulable state for:
- Lupus anticoagulants
- Atrial Fibrillation (persistent)
- Antiphospholipid antibody syndrome
- When thrombotic event due to secondary cause and patient is on anticoagulants
    - Malignancy, drugs, trauma, prolonged immobility, CHF, obesity, etc.

* Atrial Fibrillation has been shown to result in platelet activation and inflammation

**Documentation Examples:**

**Initial Diagnosis**

- 67 year old Latino male with Lower extremity DVT associated with prolonged immobility, secondary hypercoagulable state.

  **Assessment:**

  Leg edema and pain improving

  **Plan:**

  Continue Coumadin and INR checks

- **73 year old Latino male with atrial fibrillation, on Coumadin due to hypercoagulable state.**

  **Assessment:**

  Doing well with no palpitation or signs of clot

  **Plan:**

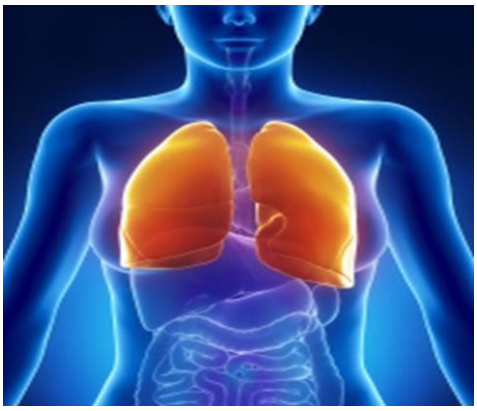
  Continue to check Coumadin levels via INR

**Code as:**

- **ICD-10 Code D68.69 Other thrombophilia**

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Interstitial Lung Disease



Coding ILD (Pulmonary Fibrosis) can be confusing!
The most common Pulmonary Fibrosis codes:

**Post-inflammatory pulmonary fibrosis**
- ICD-10 Code J84.10

**Idiopathic pulmonary fibrosis**
- ICD -10 Code J84.112

**Other specified alveolar and parietoalveolar pneumonopathies**
- ICD-10 J84.09

**Work up and diagnosis for ILD**

- CXR may suggest ILD, but not diagnostic*
- High resolution CT (HRCT) better diagnostic accuracy**
- PFT's usually show restrictive defect and reduced diffusing capacity (DLCO)

**Documentation Examples:**

- 78-year-old Asian male with Pulmonary Fibrosis per CT

***Assessment:***
Dyspnea improving

***Plan:***
Continue inhalers and discuss treatment options.

**ICD-10 HCC Code J84.112**

**OR**

- 81-year-old Asian male patient with Amiodarone Induced Pulmonary Fibrosis.

***Assessment:***
Improving off medication

***Plan:***
Continue current management and follow up closely

**ICD-10 HCC Code J84.09**

*CXR is normal in up to 10% of patients with ILD. Up-to-date approach to the adult with interstitial lung disease: Diagnostic testing

**HRCT is for confirmation and not screening of general population

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Major Depression

### Welcome to the Molina Healthcare Coding Institute.

**Molina HealthCare** is committed to supporting your clinical practice. Please take a moment to review this HCC Pearl.

A frequent topic in the world of Risk Adjustment is around the documentation & coding of Major Depression.

The most common error we see is the documentation of simple "Depression" which does not specify whether the episode is major or minor, acute or in the past.

When documenting Major Depression it is important to note **Episode & Severity**. The 4th digit designates Episode, and the 5th digit designates Severity.

V-Codes are reserved for a personal history of affective disorder or family history of mental disorder

One way to avoid the "History of problem in patients with past depression is to use 296.x6 "in remission."

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### What are the ICD-9 Codes that are used for Major Depression?

> Major Depressive Disorder Episodes
  - *296.2x - Single Episode*
  - *296.3x - Recurrent Episode*

> X (5th Digit) Severity
  - *0 = Unspecified*
  - *1 = Mild*
  - *2 = Moderate*
  - *3 = Severe w/o Psychotic Behavior*
  - *4 = Severe w/ Psychotic Behavior*
  - *5 = In Partial or Unspecified Remission*
  - *6 = In Full Remission*

### Acceptable Documentation

> Patient is being seen for follow up on **Major Depression, Recurrent, Moderate**. *Assessment:* Responding to current medication (coded as 296.32, condition is documented to the highest level of specificity and supported with treatment)
*Plan:* Continue care with additional supervision of a psychiatrist.

> 45 year old Latino male with Major Depression.
*Assessment:* Single Episode in full remission. (coded as 296.26, condition is documented to the highest level of specificity and supported with treatment)
*Plan:* Monitoring for recurrence

### Unacceptable Documentation

> 45 year old Asian female with depression. *Assessment:* Unstable (Provider failed to document the condition to the highest level of specificity, therefore only ICD 9 311 can be reported which doesn't have a CMS value)
*Plan:* Refer for Psychiatric counselling.

### When Do I use V-Codes?

> V11.1 - Personal History of Affective Disorder

> V17.0 - Family History of Mental Disorder

### Remember:

> Consider using 296.X6 "in remission" and NOT "History of" with past depression. Only use 311, which is Depressive Disorder NOS, when there is absolutely no information available on the depressive syndrome.

**Have Questions?**
Please check molinahealthcare.com or email Ramp@molinahealthcare.com

# Molina Healthcare Coding Education
## Morbid Obesity

The term morbid obesity refers to patients who are 50 – 100% or 100 pounds above their ideal body weight. Alternatively, a BMI (body mass index) value greater than 39 may be used to diagnose morbid obesity.

Affected people may gradually develop hypoxemia and have problems with sleep apnea. Decreased blood oxygen and problems associated with sleep apnea may result in feeling drowsy throughout the day, high blood pressure and pulmonary hypertension. In extreme cases, especially when medical treatment is not sought, this can lead to right-sided heart failure and ultimately death.

Many of us have been reluctant to describe significant obesity as "morbid" (or even "severe") due to a desire not to offend the patient. It is important, however, that we change this practice. Patients need to have an accurate understanding of their condition, and we need to be appropriately reimbursed for the care that we provide.

**Body mass index (BMI)**

- Obese: BMI is 30 or more
- Morbidity Obese: BMI is 40 or more

**What Does Proper Coding Look Like for Morbid Obesity?**

It's necessary to document appropriately. If the patient has morbid obesity, the documentation can be quite straightforward as long as you've diagnosed the patient correctly with "morbid obesity" or "severe obesity" and one of those diagnosis names appears in the progress note.

- "Nutrition/exercise discussed"
- "Dietician consult"

**When do I use V-Codes?**

**V85.4x – Body Mass Index 40 and over, adult**

- 5th digit specificity
  - 1 = Body Mass Index 40.0 – 44.9, Adult
  - 2 = Body Mass Index 45.0 – 49.9, Adult
  - 3 = Body Mass Index 50.0 – 59.9, Adult
  - 4 = Body Mass Index 60.0 – 69.9, Adult
  - 5 = Body Mass Index 70.0 – 79.9, Adult

**278.01 Morbid Obesity**

- Use the Morbid obesity code 278.01 with the appropriate Body Mass Index Code, V85.4X in your progress note to ensure proper diagnosis

**Acceptable Documentation**

- 70 year old Latino male with morbid obesity BMI 46.7

  **Assessment:** Worsening (coded as 278.01 and V85.42, if both the Morbid Obesity and BMI are properly documented both codes can be reported).

  **Plan:** Counseling

**Incomplete Documentation**

- 70 year old Latino male with BMI of 52.1 provided and referred for health education.

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
## Chronic Respiratory Failure

An often confusing topic in the world of Risk Adjustment is around the proper documentation and coding of respiratory failure.

The determination of Acute vs. Chronic Respiratory failure is the responsibility of the provider based on their clinical judgment. Features of chronic respiratory f a i l u r e can include: oxygen dependence, compensatory high blood bicarbonate persistent high resting respiratory rate, and ventilator dependence.

Keep in mind that the diagnosis of hypoxemia maybe more accurate in the patient who does not have true respiratory failure; however, you must also document the disease or diagnosis that has caused the hypoxemia.

**Coding Respiratory Failure:**

It is important to distinguish respiratory failure from hypoxemia (low oxygen saturation) in your clinical documentation.

**Acceptable Documentation**

- 72 year old Latina female with chronic respiratory failure dependent on home oxygen.

  **Assessment:** Good sat's today
  **ICD-10 Code: J96.10**
  **Plan:** will continue current treatment

- 72 year old African American female with acute respiratory distress.

  **Assessment:** Asthma not improving with inhalers

  - **ICD-10 Code: J80**

  **Plan:** will start O2 NC and call ED

**Incomplete Documentation**

- 65 year old Asian female with respiratory Distress

  **Assessment:** Member refuses to use ventilator.

  - **ICD-10 Code: R06.00**

  **Plan:** Education about the importance of being complaint with ventilator treatment.

**Diagnosis That Require Supporting Detail**

- Chronic Respiratory Failure
  - **ICD-10 Code: J96.10**
- Acute respiratory insufficiency/distress
  - **ICD-10 Code: J80**
- Acute respiratory failure
  - **ICD-10 Code: J96.00**

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

- These require accurate and specific clinical descriptions

- **Hypoxia**
  - **ICD-10 Code: R09.02**
  - This diagnosis must be assessed in conjunction with the disease causing the low O2 saturation

# Molina Healthcare Coding Education
## Sacroilitis

Can Sacroiliitis be diagnosed by exam alone showing pain near or around SI joint?

- No

Physical exam has <u>not</u> been shown specific for Sacroiliitis. Diagnosis is usually made by X-ray imaging. Must show:

- Grade 2 bilaterally or
- Grade 3 unilaterally

**<u>Documentation Examples:</u>**

- 69 year old African American male with lower back pain with X-ray shows grade 2 bilateral changes for Sacroiliitis

  ***Assessment:***

  Pain persists

  ***Plan:***

  Will change med, recommend physical therapy

➢ **ICD-10 HCC code M46.1 Sacroiliitis**

**OR**

- 70-year-old Latino male with grade 3 unilateral Sacroiliitis

  ***Assessment:***

  NSAID's not helping much

  ***Plan:***

  Refer to Rheum to consider more aggressive treatment options

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

# Molina Healthcare Coding Education
## Senile Purpura

Is it true that Senile Purpura has HCC value?

**- Yes!**

Senile Purpura is common in patients over 65

- AKA Solar, Actinic, or Bateman Purpura
- Appear on sun-damaged skin forearms, dorsal hands
- Due to ruptured blood vessels
- Usually occur after unrecognized minor trauma
- Last 1-3 weeks, without usual color stages of normal bruise
- Not due to ASA/anticoag/ steroids alone

**Documentation Examples:**

**Initial Diagnosis**

- 78-year-old Asian male with painless Ecchymoses on forearms, denies abnormal bleeding other areas

***Assessment:***
Senile Purpura reassured

***Plan:***
Educated patient on importance of sun protection.

➢ **ICD-10 Code D69.2**

**Established Diagnosis**

- 80-year-old Latino male with Senile Purpura that continue to appear and resolve.

***Assessment:***
Asymptomatic

***Plan:***
Urged use of protective gloves while working around the home to minimize trauma risk.

**Have Questions?**
**Contact:** Ramp@MolinaHealthcare.com

# Molina Healthcare Coding Education
# When Do I Use the Code For Long-Term Use of Insulin?

The use of Insulin in the diabetic population is quite prevalent, and we hope that all providers are aware of the various means to help patient's achieve HgbA1c goals and control this challenging and usually progressive disorder. There are numerous forms of insulin being used in the healthcare community, it is important that we consider that managing patients who use insulin requires significant training for clinicians, patients and their families to ensure patient safety is not compromised. CMS recognizes that when introducing, managing or adjusting insulin believed to be needed for the chronic management of Diabetes additional time and care must be attributed to this patient. Documentation of this code helps illustrate the increased complexity of patients who require this treatment.

## Documentation Examples:

**Managing Existing Long-Term Insulin**

- 65 year old man with diabetes using insulin daily

  ***Assessment*:** Poorly controlled HgbA1c of 9.4

  ***Plan:*** Extensive counseling provided, answered patient questions and increase dose of Lantus by 2 units

  - **ICD-10 Code : Z79.4**

**Starting Long-Term Insulin**

- 58 year old woman newly diagnosed with diabetes starting insulin after labs revealed DM

  ***Assessment:*** Uncontrolled fasting blood glucose (FBG) of 480 with Hgba1c of 11.1 suggestive of need for insulin therapy

  ***Plan:*** Extensive education provided.
  Refer to Certified Diabetic Educator.
  Start Glucophage XR 500 mg daily.
  Start 2 units of Regular insulin with each meal.
  Follow up in 5 days.

  - **ICD-10 Code: Z79.4**

**Have Questions?**
**Contact: Ramp@MolinaHealthcare.com**

# Provider Resources

Molina Healthcare has a library of Health Education Materials that has been developed to provide information on the various topics discussed in this guide.

If you are interested in receiving some complimentary Health Education materials for your patients please email us here MHWIQIRewards@MolinaHealthcare.com.

## Things to keep in mind if you are going to see your provider for a "walk in" appointment:

1. Always take your Forward Health card and any other insurance card you may have to each appointment.
2. Your provider may not be able to see you until he/she has seen others that have appointments.
3. Your provider will make every effort to see you.
4. If your provider cannot see you, you may be given the option of seeing another provider at the office.

If you have questions or need help, you can call your provider's office or Molina Healthcare Member Services at

**(414) 847-1776**
**toll free (888) 999-2404**
**TTY: 711**

Monday - Friday 8:00 a.m. - 5:00 p.m.

Or call Molina Healthcare's Nurse Advice Line at (888) 275-8750, available 24 hours a day.

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# Make the Most of Your Health Care Visits

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A provider visit is a chance for you and your provider to work together for your health.

## Before your visit:

1. You can expect the wait times listed below when you call to make an appointment. How soon you will be seen depends on why you need to see your provider.

| Visit Type | Standard Wait Times |
|---|---|
| **Urgent visit** | Within 24 hours |
| **Non-urgent routine visit** Example: Follow-up visit for blood pressure or blood sugar. | Within 30 calendar days |
| **Well child/Well adolescent preventive care** Example: Immunizations, physical exam. | Within 30 calendar days |
| **Adult preventive care visit** Example: Mammogram, prostate exam, Pap smear. | Within 30 calendar days |
| **Specialist** | Within 21 calendar days |

2. Try to take the earliest appointment given to you. If not, you may have to wait longer than the standard wait time for the next available appointment.
3. If you need an interpreter, let the provider's office know at least three days before the appointment.
4. Write down your main concerns and bring them with you.
5. Bring a list of your medications (prescribed, over-the-counter, vitamins).
6. Be sure to keep your appointment. If you cannot, please call your provider's office to let them know and reschedule.

## At your appointment:

1. Arrive at your provider's office about 15 minutes early. You may need to fill out forms.
2. Make sure to give them your Forward Health card and any other insurance card and update them of any changes in your address or phone number.
3. Please be patient if your provider is running late.
4. Tell the provider your concerns and symptoms as best as you can.
5. Ask the provider what you can do about your concerns.
6. Ask the provider about your treatment options.
7. Make sure the provider answers all your questions before you leave.
8. Your provider may refer you to a specialist or another health care provider. Ask if you will need to make the appointment. Ask for their phone number.

# Reduce the Risk of Falling

### Do you have problems with balance and walking? Did you fall recently?

Your doctor may:

- Suggest that you use a cane or walker
- Check your blood pressure lying or standing
- Suggest that you do an exercise or physical therapy program
- Suggest a vision or hearing test

Don't let a fear of falling keep you from being active. There are simple ways you can prevent most falls:

- Get enough sleep.
- Limit the amount of alcohol you drink.
- Stand up slowly.
- Be very careful when walking on wet or icy surfaces.
- Wear non-skid, rubber-soled, low-heeled shoes that fully support your feet.
- Secure or remove loose rugs.

Ask your doctor for more information on how you can prevent falls in and outside of your home.



35469MED0414 NSR_14_MMG_438 10/01/2013

# Important reminders to discuss with your doctor

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# Physical Activity

### Do you exercise every day?

You can increase your physical activity by:

- Taking the stairs instead of the elevator
- Walking around the block 10-20 minutes each day
- Parking your car away from a building and walking to the entrance

Regular physical activity is good for you. It can prevent many health problems. Not doing any physical activity can be bad for you. Keep in mind, some physical activity is better than none at all.

**If you're 65 years of age or older,** with no limiting health problems, the CDC suggests the following:

- 2 hours and 30 minutes (150 minutes) of aerobic activity (brisk walking) every week

**and**

- Activity that works all the muscles in your body (hips, back, stomach, chest, shoulders, and arms) on 2 or more days a week.

You don't have to do 2 hours and 30 minutes all at once.

Try taking part in small amounts of physical activity every day. Talk to your doctor about creating the right physical activity plan for you!

# Improving Bladder Control

### Do you have problems with urinary incontinence, the leakage of urine?

There are many ways to treat urinary incontinence including:

- bladder training
- exercises
- medication
- surgery

Under a doctor's care, incontinence can be treated and often cured. Careful management can help you feel more relaxed and confident.

### How To Do Kegel Exercises

Kegel exercises help tighten your pelvic floor muscles, and prevent leakage. It's easier to learn them when lying down. Locate the pelvic muscles by pretending to stop the flow of urine. Squeeze and hold these muscles for a count of 3, then relax them for a count of 3. Your goal is to try to do a set of 10, rest, and then do 2 more sets each day. Your doctor can give you more exact directions.

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# Pregnancy Rewards Survey

Thank you for taking the time to see your provider during your pregnancy and earning pregnancy rewards. You can help us make pregnancy rewards better. Please take a few minutes to fill out this survey.

**You do not need to give us your name.** Answer each question by checking your answer. We also welcome any extra comments. Please send it back in the enclosed envelope. Thank you for your time!

**1. What is your age?**

☐ Under 18 ☐ 18-25
☐ 26-34 ☐ 35 and Over

**2. What county and state do you live in?**

_____ _____
County State

**3. Was your pregnancy high risk?**

☐ Yes ☐ No

**4. How did you hear about the pregnancy rewards?**

☐ From my provider ☐ Molina called me
☐ From a friend ☐ Enrolled in program before
☐ Other _____

**5. When did you begin earning pregnancy rewards?**

☐ 1st trimester ☐ 2nd trimester
☐ 3rd trimester ☐ After I gave birth

**6. How helpful were the pregnancy rewards materials in educating you about why and when you should see your provider during your pregnancy?**

☐ Not at all helpful ☐ Not very helpful
☐ Somewhat helpful ☐ Very helpful

**7. How much did the pregnancy rewards motivate you to complete your provider visits on time?**

☐ Not at all helpful ☐ Not very helpful
☐ Somewhat helpful ☐ Very helpful

**8. Did you like the choices of gifts?**

☐ Yes ☐ No
Other gift ideas you would like to see
_____

**9. Overall, how satisfied were you with the pregnancy rewards?**

☐ Very dissatisfied ☐ Dissatisfied
☐ Satisfied ☐ Very Satisfied

**10. How likely would you tell a friend about Molina's pregnancy rewards?**

☐ Not very likely ☐ Not likely
☐ Likely ☐ Very likely

**Other comments:**

_____

_____

_____

_____



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# Recommended Shots for Children from Birth through 18 Months Old

| | Birth | 1 Month | 2 Months | 4 Months | 6 Months | 12 Months | 15 Months | 18 Months |
|---|---|---|---|---|---|---|---|---|
| HepB | ✓ | ✓ | | | ✓ | | | |
| RV | | | ✓ | ✓ | ✓ | | | |
| DTaP | | | ✓ | ✓ | ✓ | | ✓ | |
| Hib | | | ✓ | ✓ | ✓ | ✓ | | |
| PCV | | | ✓ | ✓ | ✓ | ✓ | | |
| IPV | | | ✓ | ✓ | ✓ | | | |
| Influenza (Yearly) | | | | | ✓ | | | |
| MMR | | | | | | ✓ | | |
| Varicella | | | | | | ✓ | | |
| HepA | | | | | | | ✓ | |

*Shaded boxes show the shot can be given during shown age range*

**NOTE:** If your child misses a shot, you don't need to start over. Just go back to your child's provider for the next shot. Talk with your child's provider if you have questions about shots.

*Always talk to your child's provider about additional shots that they may need.*


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# Two Year Old Immunizations

## Immunizations help children stay healthy. Many parents still have questions about them. Vaccines (shots) protect children from many diseases.

Shots are an important part of your child's total health care. Complete your child's shots on time and keep your child's shot record up to date. Children should have the following shots by age two:

- 4 Diphtheria, Tetanus, Pertussis
- 3 Hepatitis B
- 3 Haemophilus Influenza type B
- 4 Pneumococcal
- 3 Inactivated Poliovirus
- 1 Measles, Mumps, Rubella
- 1 Varicella
- 2 Hepatitis A
- 2 Influenza
- 3 Rotavirus
- Second Lead test

The US Food and Drug Administration is responsible for keeping America healthy. They make sure your child's shots are safe and helpful. Talk to your provider about the benefits of shots, ask questions, and learn the facts.

**If you need help finding a provider for your child, please call Member Services. The number is on the back of your Member ID card.**

Childhood vaccines are 90% to 99% effective in preventing disease

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Your Extended Family.





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## 2 to 20 years: Boys
## Body mass index-for-age percentiles

NAME _____

RECORD # _____

| Date | Age | Weight | Stature | BMI* | Comments |
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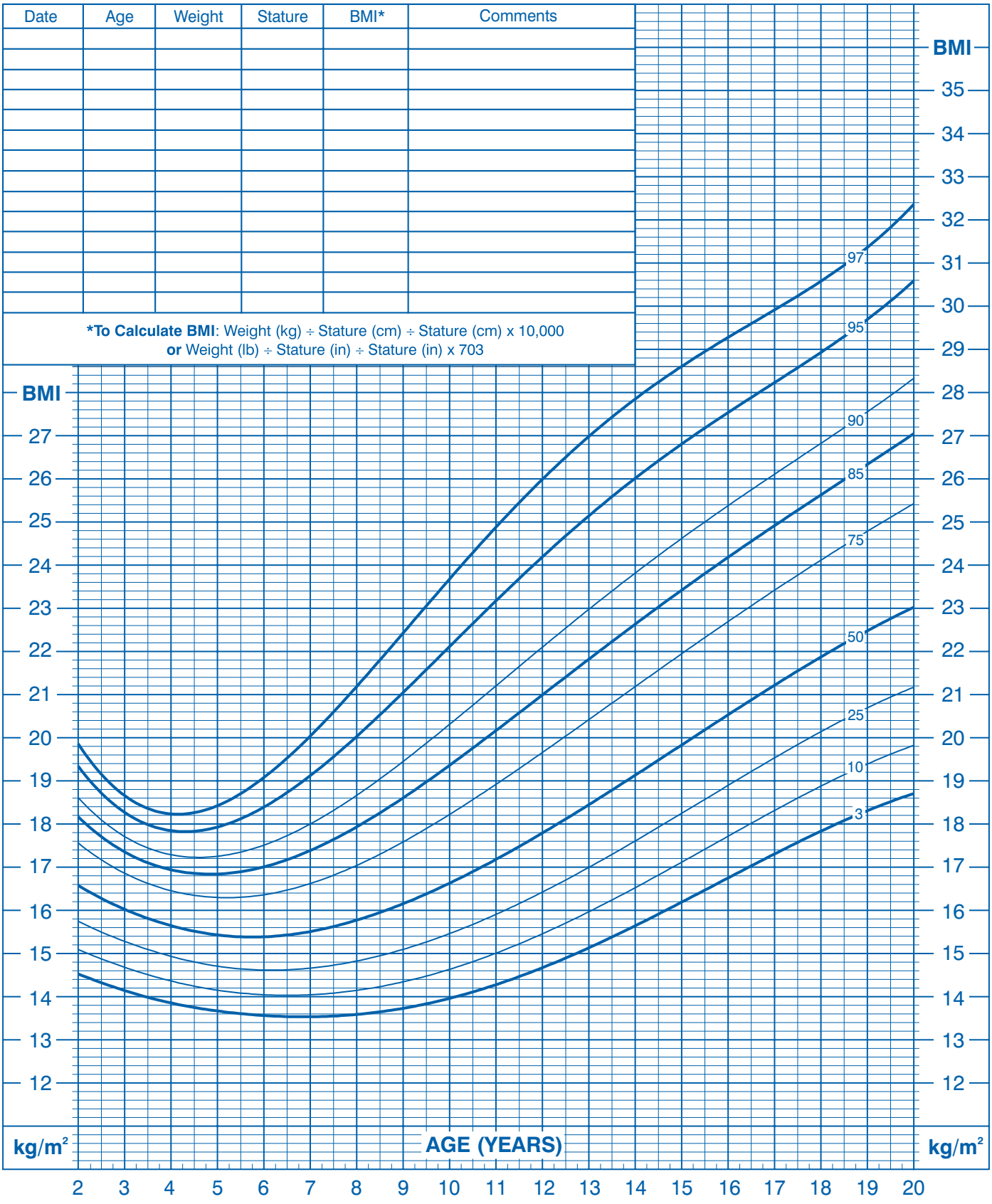
***To Calculate BMI**: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
**or** Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703




Published May 30, 2000 (modified 10/16/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
**http://www.cdc.gov/growthcharts**

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# 2 to 20 years: Girls
# Body mass index-for-age percentiles

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|---|---|---|---|---|---|
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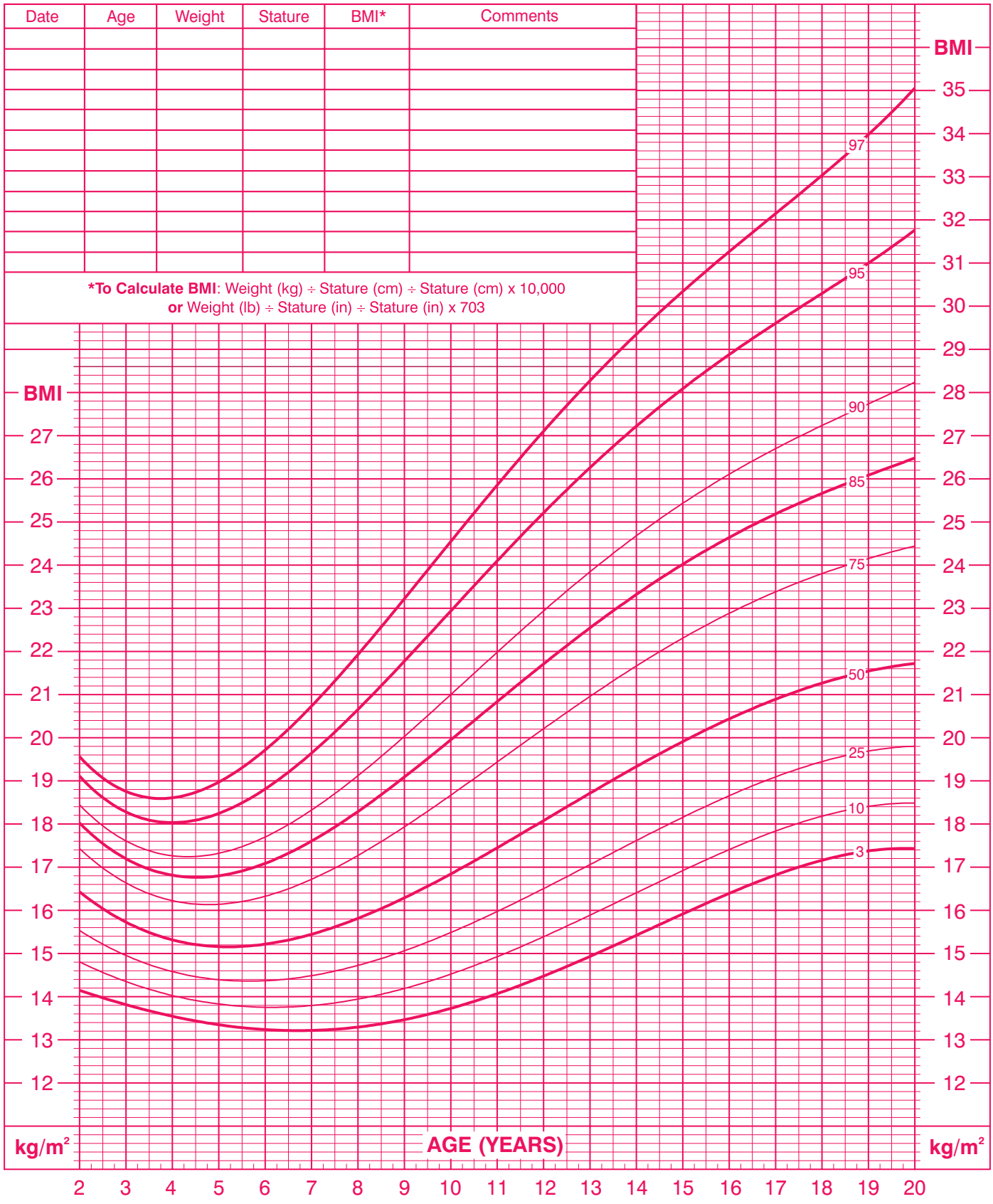


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