★ Medicare Star Program

# Adult BMI Assessment (ABA)

L.A. Care HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented in 2015 or 2016.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** Documentation in the medical record must include: a **note** indicating an outpatient visit, **date** visit occurred, and evidence of the following:

*For members 20 years and older*, medical record must indicate:

- ☑ Weight
- ☑ BMI Value

*For members younger than 20 years old*, medical record must indicate:

- ☑ Height
- ☑ Weight
- ☑ BMI Percentile *(Documented as a value (e.g., 85th percentile) or plotted on an age-growth chart)*

## Q: What type of medical record is acceptable?

**A:** One or more of the following: (visit completed in **2015** or **2016**)

- ☑ PM 160/CHDP
- ☑ Progress notes/Office visit notes
- ☑ Complete Physical Examination Form
- ☑ Dated BMI growth chart/log and weight

*Note*: *Ranges and thresholds do not meet criteria for this indicator.*

# Adult BMI Assessment (ABA)

L.A. Care HEALTH PLAN®

## Q: How to improve score for this HEDIS measure?

**A:**

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure presence of all components in the medical record documentation

*Exclusion (optional): A diagnosis of pregnancy in 2015 or 2016*

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# Adult BMI Assessment (ABA)

L.A. Care HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

http://www.lacare.org/providers/provider-resources/hedis-resources

| ICD-10 codes | |
|---|---|
| BMI | Z68.1, Z68.20-Z68.39, Z68.41-Z68.45 |
| BMI Percentile | Z68.51-Z68.54 |

| CPT codes | |
|---|---|
| Outpatient | 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 |

| HCPCS codes | |
|---|---|
| Outpatient | G0402, G0438-G0439, G0463, T1015 |

| Exclusion codes |
|---|
| Refer to Pregnancy Value Set |

# Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

L.A. Care HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Adults 18-64 years of age who had an outpatient or ED visit with a diagnosis of acute bronchitis, and were not dispensed an antibiotic prescription in 2016.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

## Q: What type of document is acceptable?

**A:** Evidence from a claim/encounter with a date of service for any outpatient or ED visit with an acute bronchitis diagnosis and no new or refill prescription for an antibiotic medication in 2016.

## Q: How to improve score for this HEDIS measure?

**A:** Use of complete and accurate Value Set Codes. Timely submission of claims and encounter data

# Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

L.A. Care HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

http://www.lacare.org/providers/provider-resources/hedis-resources

| ICD-10 codes | |
|---|---|
| Acute Bronchitis | J20.0-J20.9 |

| CPT codes | |
|---|---|
| ED | 99281-99285 |
| Observation | 99217-99220 |
| Outpatient | 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 |

| HCPCS codes | |
|---|---|
| Outpatient | G0402, G0438-G0439, G0463, T1015 |

| Exclusion codes |
|---|
| Refer to HIV Value Set, Malignant Neoplasms Value Set, Emphysema Value Set, COPD Value Set, Cystic Fibrosis Value Set, Comorbid Conditions Value Set, Pharyngitis Value Set, Competing Diagnosis Value Set |

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# Breast Cancer Screening (BCS)

L.A. Care HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Women 50 to 74 years of age who had one or more mammograms to screen for breast cancer any time on or between **10/1/2014 - 12/31/2016.**

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

## Q: What type of document is acceptable?

**A:** Evidence from claim/encounter

- Screening Mammography between 10/1/2014 - 12/31/2016

## Q: How to improve score for this HEDIS measure?

**A:**

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Note that mammograms do not need prior authorization and share list of nearby contracted imaging/mammography centers with member
- ☑ Educate female members about the importance of early detection, address common barriers/fears, and encourage testing
- ☑ Proper coding or documentation of mastectomy either bilateral or unilateral – *to assist in excluding member from the HEDIS sample. See below for exclusion criteria*

Exclusions for Breast Cancer Screening: (*Use designated Value Set Code for each*)

Any of the following meet criteria for bilateral mastectomy:

- Bilateral Mastectomy
- Unilateral Mastectomy with a bilateral modifier

Continued on next page.

# Breast Cancer Screening (BCS)

Continued from previous page.

## Q: How to improve score for this HEDIS measure?

- Two unilateral mastectomies with service dates 14 days or more apart
- Unilateral mastectomy with right-side modifier with same date of service
- Unilateral mastectomy with left-side modifier with same date of service

*Note: Biopsies, breast ultrasounds, MRIs and tomosynthesis (3D mammography) are not appropriate methods for breast cancer screening.*

# Breast Cancer Screening (BCS)

L.A. Care HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

http://www.lacare.org/providers/provider-resources/hedis-resources

| ICD-10 codes |
|---|
| N/A |

| CPT codes | |
|---|---|
| Mammography | 77055-77057 |

| HCPCS codes | |
|---|---|
| Mammography | G0202 |

| Exclusion codes |
|---|
| Refer to Bilateral Mastectomy Value Set, Unilateral Mastectomy Value Set, Absence of Left Breast Value Set, Absence of Right Breast Value Set, History of Bilateral Mastectomy, Left Modifier Value Set, Right Modifier Value Set, Bilateral Modifier Value Set |

# Cervical Cancer Screening (CCS)

L.A. Care HEALTH PLAN®

## Q: What documentation is needed in the medical record?

**A:**

- ☑ Women 21-64 years of age, and
- ☑ Had a Pap smear (cervical cytology) in **2014, 2015, or 2016**

**Or**

- ☑ Women 30-64 years of age, and
- ☑ Had cervical cytology/human papillomavirus (HPV) co-testing on the same date of service in **2012, 2013, 2014, 2015, or 2016**

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** Documentation must include both of the following criteria:

- ☑ a note indicating the date test was performed, ***and***
- ☑ the result or finding

## Q: What type of medical record is acceptable?

**A:** Acceptable document:

- ☑ Cervical cytology report / HPV report
- ☑ Chronic Problem List with documentation of Pap smear with or without HPV, including date and result
- ☑ Any documentation of history of hysterectomy with no residual cervix
- ☑ Progress note or consultation - notation of date and result of Pap smear
- ☑ Documentation of a "vaginal pap smear" in conjunction with documentation of hysterectomy
- ☑ Documentation of hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening

# Cervical Cancer Screening (CCS)

## Q: How to improve score for this HEDIS measure?

**A:**

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ Request results of screenings be sent to you if done at OB/GYN visit
- ☑ Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix - *documentation will assist in excluding member from the HEDIS sample*

# Cervical Cancer Screening (CCS)

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

http://www.lacare.org/providers/provider-resources/hedis-resources

| ICD-10 codes |
|---|
| N/A |

| CPT codes | |
|---|---|
| Cervical Cytology | 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 |
| HPV Tests | 87620-87622, 87624, 87625 |

| HCPCS codes | |
|---|---|
| Cervical Cytology | G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 |
| HPV Tests | G0476 |

| Exclusion codes |
|---|
| Refer to Absence of Cervix Value Set |

# Chlamydia Screening in Women (CHL)

L.A. Care HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia in **2016**.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation in the medical record is acceptable?

**A:** *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

## Q: What type of document is acceptable?

**A:** Evidence from claim and encounter data.

- One chlamydia test in **2016**

## Q: How to improve score for this HEDIS measure?

**A:**

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ For all those on birth control pills, make chlamydia screening a standard lab
- ☑ Remember that chlamydia screening can be performed through a simple urine test offer this as an option for your members
- ☑ Proper coding or documentation will assist in excluding members from the HEDIS sample
- ☑ Exclude members based on a pregnancy test alone ***and*** who meet either of the following:
  - A pregnancy test in 2016 ***and*** a prescription for isotretinoin (Retinoid) on the date of pregnancy test or the 6 days after the pregnancy test
  - A pregnancy test in 2016 ***and*** an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test

# Chlamydia Screening in Women (CHL)

L.A. Care HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

http://www.lacare.org/providers/provider-resources/hedis-resources

| ICD-10 codes |
|---|
| Refer to Pregnancy Value Set |
| Refer to Sexual Activity Value Set |

| CPT codes | |
|---|---|
| Chlamydia Tests | 87110, 87270, 87320, 87490-87492, 87810 |
| Pregnancy Tests | 81025, 84702, 84703 |
| Sexual Activity | Refer to Sexual Activity Value Set |

| HCPCS codes | |
|---|---|
| Sexual Activity | G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, H1000, H1001, H1003-H1005, P3000, P3001, Q0091, S0199, S4981, S8055 |

| Exclusion codes |
|---|
| Refer to Pregnancy Test Exclusion Value Set, Diagnostic Radiology Value Set |

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# Colorectal Cancer Screening (COL)

L.A. Care HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Members 50-75 years of age who had one or more appropriate screenings for colorectal cancer.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** Documentation in the medical record must include a note indicating the **date** the colorectal cancer screening was performed. Appropriate screenings are defined by **any** of the following:

- ☑ Fecal Occult Blood Test in **2016**; guaiac (gFOBT) or immunochemical (FIT)
- ☑ Flexible sigmoidoscopy performed in **2012**, **2013**, **2014**, **2015** or **2016**
- ☑ Colonoscopy in **2016** *or* ***within 9 years prior to 2016***
- ☑ CT colonography performed in **2012**, **2013**, **2014**, **2015** or **2016**
- ☑ FIT-DNA Test in **2014**, **2015** or **2016**

## Q: What type of medical record is acceptable?

**A:** One or more of the following:

- ☑ Health Maintenance Form
- ☑ Progress notes/Office visits notes
- ☑ Problem List
- ☑ Laboratory/Pathology Reports
- ☑ Pathology report that indicates the type of screening (e.g., colonoscopy or flexible sigmoidoscopy)
- ☑ Pathology report without indicating the type of screening but has evidence that the scope advanced beyond the splenic flexure or sigmoid colon
- ☑ Medical History Forms
- ☑ X-ray Reports
- ☑ GI Consults/ Reports/ Flowcharts
- ☑ Complete Physical Examination Form

*Note: Do not count digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.*

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# Colorectal Cancer Screening (COL)

L.A. Care HEALTH PLAN®

## Q: How to improve score for this HEDIS measure?

**A:**

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Prior to each visit for members 50 years and older, review chart to determine if COL screening has been completed, if not, discuss options with member, as colonoscopy every 10 years and stool testing done yearly are shown to have similar effectiveness in identifying colon cancer
- ☑ Request a supply of stool screening test kits from your contracted lab(s) to have on hand to share with members when at office visits
- ☑ If a member reports having had a colonoscopy, request that the member share a copy of the results/report or provide contact information of the rendering provider so that office staff can call to request the member's colonoscopy results/report. Remember to attach this information to the member's medical record for documentation purposes.
- ☑ Timely submission of claims and encounter data
- ☑ Ensure presence of all components in the medical record documentation
- ☑ *Exclude members with diagnosis of colorectal cancer or total colectomy*

*(Use designated Value Set Codes for each colorectal cancer screening)*

# Colorectal Cancer Screening (COL)

L.A. Care HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

http://www.lacare.org/providers/provider-resources/hedis-resources

| ICD-10 codes |
|---|
| N/A |

| CPT codes | |
|---|---|
| FOBT | 82270, 82274 |
| Flexible Sigmoidoscopy | 45330 |
| Colonoscopy | 45378 |

| HCPCS codes | |
|---|---|
| FOBT | G0328 |
| Flexible Sigmoidoscopy | G0104 |
| Colonoscopy | G0105, G0121 |
| Colorectal Cancer (PET scan) | G0213-G0215, G0231 |

| Exclusion codes |
|---|
| Refer to Colorectal Cancer Value Set, Total Colectomy Value Set |

# Use of Imaging Studies for Low Back Pain (LBP)

L.A. Care HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Members 18-50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

## Q: What type of document is acceptable?

**A:** Evidence from claim/encounter

- Imaging study with diagnosis of low back pain on the IESD or in the 28 days following the IESD.
  ***Index Episode Start Date (IESD):*** The earliest date of service for an outpatient or ED encounter during the Intake Period (January 1, 2016 – December 3, 2016) with a principal diagnosis of low back pain.

## Q: How to improve score for this HEDIS measure?

**A:**

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Proper coding or documentation of any of the following diagnoses for which imaging is clinically appropriate – *to assist in excluding members from the HEDIS sample. See below for exclusion criteria.*

Exclusions : (*Use designated Value Set for each*)

Any of the following meet criteria:

- Cancer
- Recent Trauma
- Intravenous drug abuse
- Neurologic impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

# Use of Imaging Studies for Low Back Pain (LBP)

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

http://www.lacare.org/providers/provider-resources/hedis-resources

### ICD-10 codes

Refer to Uncomplicated Low Back Pain Value Set

### CPT codes

| | |
|---|---|
| ED | 99281-99285 |
| Imaging Study | 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220 |
| Observation | 99217-99220 |
| Osteopathic and Chiropractic Manipulative Treatment | 98925-98929, 98940-98942 |
| Outpatient | 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 |

### HCPCS *codes*

| | |
|---|---|
| Outpatient | G0402, G0438, G0439, G0463, T1015 |

### Exclusion codes

Refer to Uncomplicated Low Back Pain Value Set, Malignant Neoplasms Value Set, Other Neoplasms Value Set, History of Malignant Neoplasm Value Set, Trauma Value Set, IV Drug Abuse Value Set, Neurologic Impairment Value Set, HIV Value Set, Spinal Infection Value Set, Organ Transplant Other Than Kidney Value Set, Kidney Transplant Value Set