



# Molina Healthcare of Michigan

January 1, 2017

## QUALITY INCENTIVE/ PAY-FOR-PERFORMANCE PROGRAM\* - UOP LLC

Service	Age or Gender	Measure	CPT Codes	Bonus Amount	Performance Criteria
<b>ADOLESCENT AND CHILD PREVENTION AND SCREENING MEASURES</b>					
Adolescent Well Visit	Age 12 - 21		99381-99385, 99391-99395, 99461, G0438, G0439, Z00.00, Z00.01, Z00.110, Z00.111, 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, V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	\$60	Includes HEDIS age-specific EPSDT visit schedule. One procedure per eligible Member per year. One comprehensive well-care visit with a PCP or OB/GYN.
Blood Lead Testing	Age 0- up to and including the 2 <sup>nd</sup> birthday		83655, 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7	\$50	One lead test <b>prior to child's second birthday.</b>
Weight Assessment & Counseling: BMI, Counseling on Nutrition, Counseling on Physical Activity	Age 3-17		Outpatient visit: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, G0402, G0438, G039, G0463, T1015, 0510-0523, 0526-050529, 0982, 0983 <b>AND one code from each category below:</b> <b>BMI Percentile:</b> Z68.51, Z68.52, Z68.53, Z68.54, V85.51, V85.52, V85.83, V85.54 <b>Nutrition Counseling:</b> 97802, 97803, 97804, G0270, G0271, G0447, S9449, S9452, S9470, Z71.3, V65.3 <b>Physical Activity Counseling:</b> G0447, S9451, Z02.5, V65.41	\$15 (must perform & report all 3 services)	Members age 3 to 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of a BMI percentile, counseling for nutrition and counseling for physical activity. One per all three procedures combined per eligible Member per year.
Childhood Immunizations  <i>Note: Vaccines obtained at local health departments will be counted only if there is record of a PCP visit within 90 days prior.</i>	Before the child's 2 <sup>nd</sup> birthday	4 DTAP	CPT codes: 90698, 90700, 90721, 90723 CVX codes: 20, 50, 106, 110, 120	\$80 per series	Vaccines administered prior to 42 days after birth are not counted. Must be completed <b>prior to child's 2nd birthday</b> and submitted on claim form. See note regarding immunizations at the health department.
		3 IPV/OPV	CPT codes: 90698, 90713, 90723 CVX codes: 10, 110, 120	\$80 per series	
		3 HiB	CPT codes: 90644-90648, 90698, 90721, 90748 CVX codes: 46-51, 120, 148	\$80 per series	
		4 PCV	CPT codes: 90669, 90670 HCPCS: G0009 CVX codes: 100, 133	\$80 per series	
		1 MMR	CPT codes: 90707, 90710 CVX codes: 03, 94	\$80 per series	
		2 Rotavirus or 3 Rotavirus	2 Dose: 90681; CVX code: 119 3 Dose: 90680; CVX code: 116	\$80 per series	
		2 Influenza	90655, 90657, 90661, 90662, 90673, 90685, 90687 HCPCS: G0008 CVX codes: 135, 140, 141, 153, 155, 161, 166	\$80 per series	
		1 VZV	CPT codes: 90710, 90716 CVX codes: 21, 94	\$80 per series	
		3 Hep B	CPT codes: 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 CVX codes: 08, 44, 51, 110	\$80 per series	
		1 Hep A	CPT code: 90663 CVX code: 83	\$80 per series	
	1 Combo 3	4 DTAP, 3 IPV, 1 MMR, 3 HiB, 1VZV, 4 PCV, 3 Hep B	\$100 additional payment for completion of all series		
Well Child Visits	Age 0-15 months	1-5 visits	CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439 ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, -Z02.06, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 ICD-9: V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	\$60	Includes HEDIS age-specific EPSDT, visit schedule. \$50 bonus for each of visits 1-5 and \$100 bonus for 6 <sup>th</sup> visit between 0-15 months of age.
		6 <sup>th</sup> visit		\$100	
	Age 3-6		CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439 ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, -Z02.06, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 ICD-9: V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	\$60	Including HEDIS age-specific EPSDT, visit schedule, one per calendar year.
Appropriate Testing for Children with Pharyngitis	Age 3 months to 18 years	First qualifying event in payment year	Pharyngitis Diagnosis codes: ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 ICD-9: 034.0, 462, 463 Strep Test Codes: CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880 LOINC codes: 17656-0, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6556-5, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2	\$25	Includes eligible Members who were diagnosed with pharyngitis AND were prescribed an antibiotic AND received a strep test. (The event can occur during any outpatient, urgent care or emergency department visit).
<b>ASTHMA CARE</b>					
Medication Management for People with Asthma	Ages 5-64 for Medicaid Ages 18-85 for MI Health Link reported under Medicaid	75% Medication adherence of an asthma controller medication	<b>Acceptable Asthma Controller Medications</b> Antiasthmatic Combinations: Dyphylline-guaifenesin; Guaifenesin-theophylline Antibody Inhibitor: Omalizumab Inhaled Steroid Combinations: Beclomethasone; Ciclesonide; Fluticasone CFC free; Budesonide; Flunisolide; Mometasone Leukotriene Modifiers: Montelukast; Zafirlukast; Zileuton Mast Cell Stabilizers: Cromolyn Methylxanthines: Aminophylline; Dyphylline; Theophylline	\$50	Includes eligible Member who has remained on an asthma controller medication for at least 75% during each calendar year.

Measures highlighted in green are new for 2017.

\*HEDIS Guidelines must be followed for each measure to qualify for reimbursement.

Service	Age or Gender	Measure	CPT Codes	Bonus Amount	Performance Criteria
<b>WOMEN'S CARE</b>					
<b>Breast Cancer Screening</b>	Females 50-74	Mammogram	CPT: 77055-77057 HCPCS: G0202 ICD9PCS: 87.36, 87.37 UBREV: 0403	\$50	One procedure per eligible Member per year.
<b>Cervical Cancer Screening</b>	Females 18-64 for Pap, ages 25-64 for HPV	Pap Smear	<b>Pap Test Codes:</b> CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0124, G0141, G0143-G0145, G0147, G0148, P300, P3001, Q0091 LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 UBREV: 0923 <b>HPV Test Codes:</b> CPT: 87620-87622, 87624, 87625 HCPCS: G0476 LOINC: 21440-3, 30167-1, 38372-9, 49896-4, 59263-4, 59624-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0	\$25	One procedure per eligible Member per year.
<b>Chlamydia Screening</b>	Females 16-24	Chlamydia Screen	CPT: 87110, 87270, 87320, 87490-87492, 87810 LOINC: 14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6	\$25	One procedure per eligible Member per year.
<b>DIABETIC CARE</b>					
<b>Comprehensive Diabetic Care</b>	Age 18-75 and Diabetic (Type 1 or Type 2)	Diabetic Eye Exam	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 CPT II: 3072F, 2022F, 2024F, 2026F HCPCS: S0620, S0621, S3000	\$25	One procedure per eligible member per year completed by an Optometrist or Ophthalmologist.
		HbA1C Screen	CPT: 83036, 83037 CPT II: 3044F, 3045F, 3046F LOINC: 17856-6, 4548-4, 4549-2	\$25	One procedure per eligible Member per year.
		HbA1C Good Control (<8%)	3044F for A1C <7% 3045F is for A1C 7 to 9) Please fax results to (888) 336-6131.	\$100	One procedure per eligible Member per year.
		Nephropathy Screen (Micro albumin)	CPT: 82042-82044, 84156 CPT II: 3060F, 3061F LOINC: 1753-3, 1754-1, 1755-8, 1757-4, 2887-8, 2888-6, 2889-4, 2890-2, 9318-7, 11218-5, 12842-1, 13705-9, 13801-6, 14585-4, 14956-7, 14957-5, 14958-3, 14959-1, 18373-1, 20621-9, 21059-1	\$25	One procedure per eligible Member per year.
		<b>BONUS: If diabetic member has HbA1C good control &lt;8%, Diabetic Eye Exam, and Nephropathy Screen, provider receives extra \$200 Bonus</b>		\$200	One per calendar year.
<b>OBSTETRICAL CARE</b>					
<b>Prenatal Care</b>	All ages	<b>Antepartum Care</b>	CPT Codes: 59425 (4-6 antepartum visits) 59426 (7 or more antepartum visits)	\$50	Performed in the first trimester (<13 weeks), or within 42 days if already pregnant at the time of enrollment.
<b>HEALTHY MICHIGAN POPULATION ONLY</b>					
<b>HRA Completion for HMP members</b>	HMP members all ages	<b>HRA</b>	Complete Health Risk Assessment at the time of enrollment or annually.	\$25	Performed and submitted complete documentation of HRA.
<b>Visit within 150 days of enrollment for completion of the HRA for HMP members</b>	HMP members all ages	<b>Office visit</b>	Complete office visit for HRA within 150 days of enrollment.	\$25	Visit within 150 days of enrollment and completed HRA submitted.

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