

2018 PCP Incentive Program

An integrated program focused on patient-centered care

Contents

| | |
|---|-----|
| 2018 Program updates..... | 3 |
| Partners in Performance | 4 |
| How our attribution model works..... | 5 |
| Supplemental data | 6 |
| Glossary | 7 |
| Administrative details | 9 |
| Prevention: | |
| Cervical cancer screenings | 13 |
| Childhood immunizations | 14 |
| Adolescent immunizations..... | 16 |
| Well-Child visits in the first 15 months of life..... | 18 |
| Well-Child visits 3-6 years | 19 |
| Chlamydia screening..... | 20 |
| Lead screening in children | 21 |
| Recorded BMI (pediatric and adult patients)..... | 22 |
| Colorectal cancer screening..... | 23 |
| Chronic disease management | |
| Diabetes care: Controlled HbA1c less than 7.0%..... | 24 |
| Diabetes care: Controlled HbA1c less than 8.0% | 26 |
| Diabetes care: Controlled HbA1c less than or equal to 9.0%..... | 27 |
| Diabetes care: Annual retinal eye exam..... | 28 |
| Diabetes care: Monitoring for nephropathy | 29 |
| Optimal diabetes care | 31 |
| Hypertension: Controlled blood pressure..... | 32 |
| Medicare 5-star optimal measure..... | 34 |
| Depression screening and follow-up | 35 |
| Senior care education | 38 |
| Transformation of care | |
| Medication Therapy Management (MTM)..... | 39 |
| Care management..... | 40 |
| Patient-centered medical home (PCMH) recognition..... | 45 |
| CG CAHPS..... | 46 |
| Healthy Michigan Plan: HRA completion and open access | 47 |
| All-cause readmissions | 48 |
| ED visits: PCP treatable care | 50 |
| Risk adjustment education | 51 |
| Measure code set..... | 53 |
| Report #70..... | 95 |
| Three reporting-only (no financial incentive) measures are in development. | |
| Virtual visits..... | TBD |
| Acute hospital utilization* | TBD |
| Emergency department utilization* | TBD |

2018 Program updates

The PCP Incentive Program is updated annually to reflect current health care trends. The 2018 program aligns with our mission and goals for transformation of models of care and financing of care delivery.

For complete details on these measure changes, refer to the individual measure specification pages.

Administrative changes

2018 PIP categories

- Prevention
- Chronic disease management
- Transformation of care

2018 New measures

- Risk Adjustment
- Virtual visits – Reporting only measure
- Acute hospital utilization – reporting only measure
- Emergency department utilization – reporting only measure

2018 Revised measures

- Care management – revised criteria and payout
- Medicaid Access: Healthy Michigan Plan – revised criteria
- PCMH – revised payout

Partners in Performance

Helping you thrive in a changing world

For 21 years, we've partnered with PCPs to improve the quality, access and affordability of care for our members. Our goal is to:

- **Optimize health.** We provide tools, programs and information that make it easier for you to improve the health outcomes of your Priority Health patients with integrated, patient-centered care.
- **Ensure the best care experience.** We engage your Priority Health patients and hold them accountable for their health.
- **Eliminate avoidable costs.** We hold you accountable for using evidence-based medicine to reduce costs, and we reward you for achieving the best outcomes.

We will achieve our commitment by focusing—with you, our partner providers—on five foundational elements:

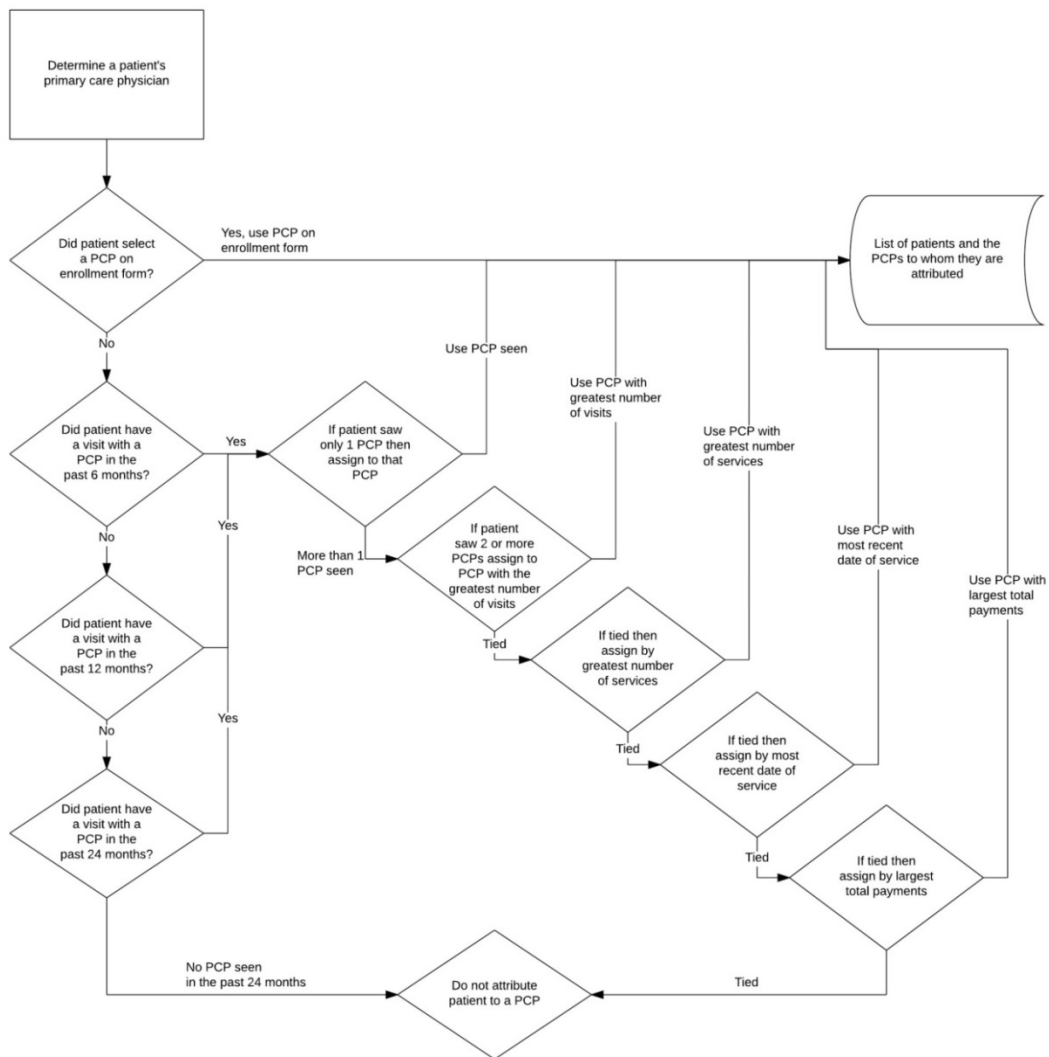
- **Comprehensive primary care.** *We work with you:* Building from our combined clinical resources, we'll work together with you to implement transformative programs that meet the needs of your patient population.
- **Access and experience.** *We're committed:* We work with you to ensure that patients have access to exceptional care, in all settings—primary care, specialty care and facility services. In addition, we're committed to assisting you in improving the patient experience by providing actionable information and program support.
- **Fair and transparent cost.** *We're transparent:* We work with you to collect performance data on fair cost of services, usage, quality and experience. We then share this data with Priority Health patients and employers so they can make informed health care decisions.
- **Value-based payment.** *We pay for value over volume.* We work with you to transform the way health care is delivered. By collaborating on reimbursement strategies, we can help you successfully transition from a pay-for-volume business model to a pay-for-value one, minimizing economic impact.
- **Specialty care engagement.** We're working to engage specialists in transforming the care model to improve quality and patient experience while lowering the cost of care. With support from primary care, we can collaborate across the care delivery system to ensure the right care at the right time for patients.

Working together, Priority Health and our primary care physician partners have produced outstanding results for Michigan communities year after year. We're here to help your practice maximize its 2018 PCP incentives. Contact your Provider Performance Specialist for practice resources and programs to support your efforts.

How our attribution model works

We're committed to providing a medical home for all Priority Health members.

We use an attribution model to ensure that members enrolled in health plans with no PCP assignment are included in the PCP Incentive Program. This includes members in self-funded and fully-funded PPO plans as well as in Medicare PPO plans.



Visits are determined using claims information. Valid E&M codes: 99201-99205, 99212-99215, 99241-99245, 99381-99387, 99391-99397. Valid place of service locations: school, homeless shelter, Indian Health Service free-standing facility, Indian Health Service provider-based facility, Tribal 638 free-standing facility, Tribal 638 provider-based facility, office, patient's home, outpatient hospital, federally qualified health center, state or local public health clinic and rural health clinic.

Supplemental data

Priority Health defines supplemental data as anything that is submitted to Priority Health beyond what is included on a claim form. There are three approved methods of submitting supplemental data:

- HL7
- Patient profile
- Report #70

How we audit supplemental data

Random audits ensure the accuracy of our PCP Incentive Program payouts.

Priority Health audits the supplemental data provided by practices for the PCP Incentive Program measure requirements. This annual audit randomly selects practices throughout the network.

At year end, each audited practice is given a partial list of supplemental data provided to Priority Health. Practices are required to return a copy of the medical record that documents the supplemental data piece. Example: If lab value data was supplied, the practice would submit a printed copy of office visit notes with the lab value.

Audit process procedure:

- Audit notices are emailed to the practice group and PHO/PO if applicable.
- Providers are required to respond to the audit within two weeks of the delivery date. Failure to return results by the deadline will result in ineligibility for the 2018 payout.
- If a medical record is unavailable, audit results will be recalculated to determine a compliance score with the audit. An audit result of less than 95% accuracy will require an additional audit of 50 medical records.
- Failure to reach a score of 95% or higher on the second set of 50 records will result in ineligibility for the 2018 payout.
- Revised PCP Incentive Program scores will also be used to determine apple quality ratings as displayed within the Priority Health Find a Doctor tool.
- Additional sanctions against the practice may also be considered based upon audit results.

Glossary

Accountable Care Network (ACN)

Accountable Care Networks are contracted physician organizations/physician hospital organizations (PO/PHOs) or professional groups defined as one entity for reporting and performance measurement purposes. The pay for performance (PFP) group serves as the system template or creation of ACN groups and ACN reporting.

Attribution model

Our attribution model matches a primary care physician with a patient enrolled in a Priority Health plan that does not require an assigned PCP. See our attribution model on page 6.

Facility site ID

The administrative number Priority Health assigns to your practice for purposes of identification and payment. The facility site ID is a four to five digit number included on each PIP report.

FileMart

A Priority Health application within our website's provider center. FileMart is the available mechanism to receive standard incentive program and membership reports.

Health plan inclusion

All Priority Health plans, except our Medigap and short term individual plans, are included in the PCP Incentive Program.

HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely-used set of performance measures in the health care industry. HEDIS is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization committed to assessing, reporting and improving the quality of care provided by organized delivery systems. If HEDIS definitions are revised throughout 2018, Priority Health will update measures based on those revisions. If a HEDIS revision impacts our PCP Incentive Program, we will provide written notification to the network and update the manual online as appropriate.

MCIR

The Michigan Care Improvement Registry (MCIR) is an electronic immunization registry and is available to private and public providers for maintenance of immunization records for all citizens in the state of Michigan.

MCIR calculates a patient's age, provides an immunization history and determines which immunizations may be due. Priority Health receives monthly data downloads from the Michigan Department of Community Health (MDCH) and displays this data within monthly reports and in Patient Profile.

Non-adherence

Non-adherence is defined as "Members refusing to follow provider recommendations for care".

- Providers can request that non-adherent members be excluded from PIP measure denominators.
- It is the intent of the Non-adherent Member Exclusion Procedure to identify members who have been counseled at least three times on recommended care and who have made the personal choice not to seek care, for any reason. The three outreach attempts must be a minimum of one week apart and must take place in 2018.
- Non-adherence requests will only be accepted using the Patient Profile tool. A provider may request exclusion of a member at any point prior to Nov. 9, 2018 for the 2018 program year. Each request for exclusion will be granted for the current program year only.
- Non-adherent members are removed from all PCP IP measures not just the measure for which he or she is non-adherent.

- Manual processing of non-adherence member exclusions take place during the 2018 settlement process in the first quarter of 2019. Find additional information about the non-adherent process at priorityhealth.com/provider/center/incentives/pip/nonadherent-members (login required).

Patient Profile

Patient Profile is an online resource designed to assist PCPs with patient management. Data is based on information gathered through medical claims, lab files submitted by hospitals and independent laboratories, pharmacy claims, HL7 files and physician-supplied data.

Patient Profile features include:

- Patient search: Practices can conduct a search for individual patients and review reports for individualized care needs.
- Health condition search: Searches are available for an entire patient population. Variables may be selected to tailor the search to your practice's specific interests.
- Resource list: Clinical practice guidelines and printable patient education tools.

Patient Profile data updates:

- Patient demographic information is updated nightly.
- Supplemental data provided by primary care practices and network providers is scheduled for a weekly update administered each weekend.
- PCP Incentive Program indicator icons are updated with the monthly PIP report refresh.
- MCIR data is received once monthly, usually between the 23rd and 25th of the month.

Pay for Performance (PFP) group

A Pay for Performance group is a contracted physician organization (PO), physician hospital organization, (PHO) or large medical group.

PMPM

Per member per month (PMPM) identifies one member enrolled in the health plan for one month.

Priority Health Standard of Excellence

Is defined as 75th percentile practice group performance or 90% adherence for patient care processes measured at the point of care.

Administrative details

Understanding the details is key to successful participation in our PCP Incentive Program.

Comprehensive Primary Care Plus (CPC+)

CPC+ is an alternative payment model (APM) introduced by the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. Participation in CPC+ supports development of an advanced medical home (AMH) model, facilitated by multi-payer collaboration. We consider CPC+ a program under Partners in Performance, along with our standard PCP Incentive Program. Practices may participate in either program, but not both.

Participation in CPC+ is determined by CMS and is only available to practices that met the eligibility requirements to participate in the model. CPC+ payers expect that practices participating in CPC+ will do so for the full five years of the model. However, participation in CPC+ is voluntary and practices may withdraw from the model without penalty any time during the five year program period. Practices are required to notify CMS (and copy Priority Health), at least 90 calendar days before the planned day of withdrawal. Departing the program before completion of a performance year (PY) puts a practice at risk for recoupment of the prospectively paid performance based incentive payment.

Upon termination of CPC+ participation, practices would be eligible for Priority Health's standard PCP Incentive Program (standard PIP).

Demographic changes

Centers for Medicare and Medicaid Services (CMS) has issued requirements for online directories to ensure that members have true availability of contracted providers and specifically whether they are accepting new patients. Under the requirement CMS is requiring the following:

- Require contracted providers to inform the plan of any changes to street address, phone number and office hours or other changes that affect availability.

To become fully compliant with this requirement, Priority Health will make the PIP_099 Physician Audit and PIP_007 Open/Closed and Peak Membership report available to all providers. We expect providers to review these reports regularly and contact us immediately if their open/closed status has changed. Providers are contractually obligated to provide 60 days prior written notice of closing to new members. Providers who need to make changes, including location, contact information, office hours, etc., can inform us using the provider change form located at priorityhealth.com/provider/center/forms. Correct physician alignment and demographic information facilitates accurate PIP settlement.

If a PCP has demographic changes they should submit a participating provider change notification form to PH-PELC@priorityhealth.com.

Earned members

Earned members are based on assignments to a practice on the 15th of each month, considering retroactivity.

Manual revisions

If revisions are made to the technical manual throughout the calendar year, the updated online version is considered the official version. Check the date on the online manual to identify the most current version. We'll alert you of manual revisions via news articles.

Medicaid

This includes members under Children's Special Health Care Services, the Healthy Michigan Plan and MICHild.

Member assignment

For most measures, member assignment for program settlement aligns with the participating PCP assigned or attributed on Dec. 31, 2018. Measure case definitions provide a few exceptions to this rule. Official member counts include 90 days of retroactivity. Employers have 30 days to request retroactive member enrollment or termination. However, 90-day retroactivity may be requested by an employer for review.

Member discharge

Discharging members for the sole purpose of reaching PCP Incentive Program measure targets is not allowed. Member discharges are reviewed by Priority Health and must meet the following criteria as listed in the online Provider Manual at priorityhealth.com/provider/center/standards/provider-patient-relationship/discharge.

Minimum settlement check amount

Practices earning less than \$50 will not receive a PCP Incentive Program settlement payout.

Outcomes MTM

OutcomesMTM[®] is a Cardinal Health company and a vendor we use for the delivery and administration of Medication Therapy Management programs.

PCP Incentive Program eligibility

It is easy to participate in our PCP Incentive Program. You're eligible if you:

- Participate with Priority Health as a PCP on Dec. 31, 2018
- Submit claims within 45 days of service
- Participate with Priority Health clinical quality improvement programs

The ED visits: PCP treatable measure includes all data and experience for terminated physicians, PCPs that become specialists, and terminated members throughout the calendar year 2018.

PHO/PO pay-to rules

Contracted PHO/POs will receive program settlement for all member providers in one check at year end settlement (April 2019). These PHO/POs will be responsible for distributing settlement funds to providers at their discretion.

Post-settlement review

Requests for review of final 2018 settlement performance and financial payouts must be submitted in writing by May 11, 2019. Each post-settlement review request must meet or exceed a minimum \$1,000 dollar of the total earned PCP incentive program settlement reward by practice group. In addition, the post-settlement review must be considered a health plan error or omission to meet review criteria. For details and submission criteria for post-settlement review request requirements, contact your practice's Provider Performance Specialist.

Priority Health apples designation

Apples are awarded annually to PCPs whose performance meets or exceeds threshold targets for preventive care and treatment of chronic illnesses. These quality ratings, illustrated by red apple icons, are published on the PCP's page in our "Find a Doctor" tool at priorityhealth.com. An overall rating is awarded based on the average for all applicable measures and are based on HMO/POS Quality Index. The practice must qualify for three or more measures and meet a minimum patient threshold to receive apple designation.

PCPs earning a score of:

- | | |
|---------------|---------------------------------------|
| Four apples: | meet or exceed the target |
| Three apples: | are in the top third of the target |
| Two apples: | are in the middle third of the target |
| One apple: | are in the bottom third of the target |

Priority Health Quality Awards

The physicians and groups selected for annual Priority Health Quality Awards have achieved the highest overall scores for ensuring patients receive preventive care, control chronic disease and have a good patient experience. Quality award results are based on performance of a combined quality index score of 1.0 and greater, plus minimum membership of 100 Priority Health members. The quality index (QI) is the sum of the numerators, divided by the sum of the denominators, of each PCP Incentive Program clinical outcomes measures. The result is then divided by the weighted average of the targets to determine the recipients.

Program deadlines

| | |
|--|--|
| All-cause readmission attestation survey | June 1, 2018 |
| Care management attestation survey | June 1, 2018 |
| Senior care education – webcast and survey attestation | June 1, 2018 |
| Risk adjustment education – in-person training | May 21, 2018 – Grand Rapids May 22, 2018 – Southfield |
| Risk adjustment education – webcast and survey attestation | Sept. 14, 2018 |
| PCMH recognition – Medicaid only | Sept. 14, 2018 |
| Discharge/Transfers – to be completed for 2018 | Oct. 31, 2018 |
| Non-adherence | Nov. 9, 2018 |
| CG CAHPS practice-level performance data for 2018 program year | Jan. 31, 2019 |
| Special exceptions | Jan. 31, 2019 |
| Supplemental data | Jan. 31, 2019 |
| Claims submission | Feb. 28, 2019 |
| Post settlement review 2018 | May 10, 2019 |

Program funding

The PCP Incentive Program is funded with a per member per month (PMPM) accrual for HMO/POS, ASO/PPO, Medicare and Medicaid. The PMPM funding amount varies by each of these business categories. Forecasting is used to determine measure payout and measure availability by business category. Forecasting includes analysis of expected business category performance and measure member populations in 2018. Although the ASO and PPO products will be settled based upon combined performance, the PMPM funding amount for each product will vary and a total combined amount will be used to determine a maximum budget amount for this business category. Program funding is subject to change and updating at any time during the program year.

Reporting

No custom reports will be built or provided to PO/PHOs or practices for the 2018 PCP Incentive Program.

Report #70

Report #70 is an Excel file made available by Priority Health for PCP practices to compile and provide data to us. Practices enter member-specific data into the file and return the file electronically to their Provider Performance Specialist who routes it to the correct department within Priority Health for data downloading. Report #70 instructions are listed on pages 98-101.

Secondary cardholders

Members with primary insurance coverage through another health insurer are included in the PCP Incentive Program.

Settlement

For traditional (practice sites not approved in a CPC+ track), settlement for the PCP Incentive Program occurs at year end. No prospective payments will be distributed. For practice sites approved in a CPC+ track, prospective payments will be distributed.

Settlement entities

Settlement will be attributed to the participating primary care provider (PCP) assigned as of Dec. 31, 2018 unless otherwise specified, and paid to the physicians' primary contracted physician hospital organization (PHO) or physician organization (PO). Physicians participating in multiple PHO/POs will be asked to

select a primary affiliation for purposes of the PCP Incentive Program. PHO/POs will only receive incentive payment for contracted product lines. If physicians have a contract for any product directly with Priority Health outside of the PHO/PO contract, we will distribute those non-contracted funds directly to the same entity his/her claims are paid to for primary care services.

Special exceptions

Special exceptions are only accepted for measures with performance targets. They must be entered in the patient profile tool and must be submitted online by the Jan. 31, 2019 deadline. No other reasons for exclusion or method of submitting your request will be accepted. Manual processing of special exceptions will take place with the 2018 settlement process in the first quarter of 2019. To learn more about special exceptions go to priorityhealth.com/provider/center/incentives/pip/special-exceptions (login required).

Supplemental data

Supplemental data may be submitted to Priority Health through these methods:

- Patient Profile using the “Update Data” function
- PIP Report #70, Supplemental Data Extract available via FileMart.
To learn more, contact your Provider Performance Specialist.
- EMR or Patient Registry data exchange (e.g. HL7 file format)
- Michigan Care Improvement Registry (MCIR)

Supplemental data must provide the date on which the service is performed rather than the date a test or result was reviewed with the patient. All supplemental (provider-reported) data is subject to audit.

Supplemental data upload schedule – HL7 data, Patient Profile, and Report #70

- Demographic data: Data transactions including address and benefits are updated nightly.
- Supplemental data: The bulk of Patient Profile data comes from supplemental data elements from claims, HL7 files and provider updates: This update is administered each weekend.
- Release of PIP FileMart reports: Reports are released by approximately the 15th of each month and include data received through the end of the previous month. If the 15th falls on a weekend, reports are released the following Monday. The release of reports corresponds with the Opportunity indicators in Patient Profile.
- Opportunity indicators: These update the Monday following the release of the reports. If the 15th falls on a weekend or a Monday, opportunity indicator updates will display the following Monday.
- MCIR data is typically received from the state between the 23rd and 25th of the month. Immunization values, dates or counts are updated Monday following the receipt of the MCIR file.
- Report #70: Uploads submitted and processed on or prior to the last day of the month will have the submitted data reflected on the next month FileMart report release.

Note: These timelines assume all systems are refreshing properly and in a timely manner. Technical issues may result in delays.

Prevention

Cervical cancer screenings

| | |
|---------------------------------|--|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | <p>The percentage of women 21–64 years of age with a cervical cancer screening according to the following schedule:</p> <ul style="list-style-type: none"> • 30–64 who had cervical cancer screen and human papillomavirus (HPV) co-testing performed every 5 years. With service dates four or less days apart during 2014, 2015, 2016, 2017 or 2018 and who were 30 years or older on the date of both tests. <p>For example, if the service date for cervical cancer screen was December 1 of the measurement year, then the HPV test must include a service date on or between November 27 and December 5 of the measurement year.</p> <p>or</p> <ul style="list-style-type: none"> • 21-64 years of age: cervical cancer screen in 2016, 2017 or 2018 |
| Case definition | <p>Women must be continuously enrolled with Priority Health in 2016, 2017 and 2018 with no more than a 45 day gap in coverage each year for commercial only.</p> <p>For Medicaid only, continuously enrolled with Priority Health in 2018.</p> <p>Women must be members of Priority Health on Dec. 31, 2018.</p> |
| Age criteria | 24–64 years of age as of Dec. 31, 2018. The measured age range for women with a cervical cancer screen and human papillomavirus (HPV) co-testing is 30-64. |
| Exclusionary criteria | <p>Women who have had a complete, total or radical abdominal or vaginal hysterectomy on or before Dec. 31, 2018. If Priority Health has not received claims data regarding this history, providers may supply through supplemental data options.</p> <p>Member in hospice or using hospice services any time during 2018.</p> |
| Numerator | The number of women who received cervical cancer screening as defined above. |
| Denominator | The number of women who reached the age of 24-64 years as of Dec. 31, 2018. |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO, Medicaid |
| Method of measurement | Claims data processed by Feb. 28, 2019, and provider supplemental data by Jan. 31, 2019. |
| Provider data input | <p>Supplemental data for hysterectomy history may be provided until Jan. 31, 2019. Supplemental data for non-billed cervical cancer screenings and/or HPV co-testing may be provided until Jan. 31, 2019.</p> <p>Supplemental data includes:</p> <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 <p>Supplemental data for non-billed HPV screenings Report #70 and patient profile Supplemental data is subject to audit.</p> |
| Target: HMO/POS, ASO/PPO | 83% |
| Target: Medicaid | 71% |
| Payout | \$10 per measured member |

Prevention Childhood immunizations

| | |
|------------------------------|---|
| Source | HEDIS Combination 3 |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | <p>Immunization set combination 3:</p> <ul style="list-style-type: none"> • Four DTaP/DTP: All at least 42 days after birth, with different dates of service, and on or before the second birthday • Three Hepatitis B: On or before the second birthday, with different dates of service • Three H Influenza Type B (HIB): All at least 42 days after birth, with different dates of service, and on or before the second birthday • One MMR: On or before the second birthday. MMR the “14-day rule” does not apply • Three IPV: All at least 42 days after birth, with different dates of service, and on or before the second birthday • One Varicella: On or before second birthday, or history of disease on or before the second birthday • Four Pneumococcal Conjugate: All at least 42 days after birth, with different dates of service, and on or before the second birthday |
| Case definition | <p>Children continuously enrolled with Priority Health for a 12-month period preceding their second birthday, with no more than a 45 day gap in coverage. Children must have active enrollment and be assigned to a participating PCP on their second birthday. Member/PCP assignment: PCP assigned on the member’s second birthday.</p> <p>All events except for MMR must be at least 14 days apart. Following HEDIS criteria, numerator events such as influenza vaccines must be at least 14 days apart to count as two separate events. If two of the same numerator events (i.e. two influenza vaccines) happen within 14 days of each other we will credit only the first one. For example, if the service date was February 1, then the service date for the second visit must be on or after February 15.</p> |
| Age criteria | 2 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | <p>Children who are documented in MCIR as having certain health conditions for which vaccines are contraindicated.</p> <p>Members in hospice or using hospice services any time during 2018.</p> |
| Immunization waivers | <p>The PCP Incentive Program also allows members to be excluded from this measure when parents choose not to vaccinate their child.</p> <p>An immunization waiver form is required as documentation for these cases. The parent or guardian must sign the immunization waiver form yearly and a copy must be saved in the patient’s medical record.</p> <p>History of a member’s immunization waiver needs to be submitted through the Update Data function in Patient Profile. These members are removed from the measure denominator.</p> <p>Priority Health requires the use of one of the following immunization waiver templates:</p> <ul style="list-style-type: none"> • Michigan Department of Community Health • American Academy of Pediatrics • Alliance for Immunization in Michigan |

| | |
|---------------------------------|--|
| Numerator | The number of children with completed vaccinations as defined above |
| Denominator | The number of children 2 years of age as of Dec. 31, 2018 |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO and Medicaid |
| Method of measurement | <p>Claims data processed by Feb. 28, 2019.</p> <p>MCIR data is downloaded from the State of Michigan monthly. MCIR immunization history must be entered by Jan. 31, 2019.</p> <p>MCIR and Priority Health match member records using a point system. We aren't always able to make a perfect match. Check monthly reporting for non-matches and provide the member's MCIR number to Priority Health through Patient Profile or Report #70.</p> |
| Provider data input | For the MMR, Hepatitis B and varicella vaccine, history of illness or seropositive test should be entered in MCIR as a "documented immunity" (e.g., a child with chicken pox history would be noted as having a documented immunity to the varicella vaccine). |
| Target: HMO/POS, ASO/PPO | 87% |
| Target: Medicaid | 81% |
| Payout | \$170 per measured member |

Prevention

Adolescent immunizations

| | |
|--------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | <p>Immunization set combination 2: Percentage of adolescents 13 years of age who had the following vaccines:</p> <ul style="list-style-type: none"> • Meningococcal: One meningococcal conjugate between the 11th and 13th birthdays • Tdap: One between the 10th and 13th birthdays • HPV: Two human papilloma virus vaccines between the 9th and 13th birthdays at least 146 days apart. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be after July 25. |
| Case definition | <p>Adolescents must be continuously enrolled with Priority Health for a 12-month period preceding their 13th birthday with no more than a 45 day gap in coverage. Adolescents must have active enrollment and be assigned to a participating PCP on their 13th birthday.</p> <p>Member/PCP assignment: PCP assigned on the member's 13th birthday</p> <p>Following HEDIS criteria, numerator events such as influenza vaccines must be at least 14 days apart to count as two separate events. If two of the same numerator events (i.e. two influenza vaccines) happen within 14 days of each other we will credit only the first one. For example, if the service date was February 1, then the service date for the second visit must be on or after February 15.</p> |
| Age criteria | 13 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | <p>Refer to the CDC guidelines regarding health history, which may result in contraindication for a vaccine. The health history must be noted in MCIR.</p> <p>Members in hospice or using hospice services any time during 2018</p> |
| Immunization waivers | <p>The PCP Incentive Program also allows members to be excluded from this measure when parents choose not to vaccinate their child.</p> <p>An immunization waiver form is required as documentation for these cases. The parent or guardian must sign the immunization waiver form yearly and a copy must be saved in the patient's medical record.</p> <p>History of a member's immunization waiver needs to be submitted through the Update Data function in Patient Profile. These members are removed from the measure denominator.</p> <p>Priority Health requires the use of one of the following immunization waiver templates:</p> <ul style="list-style-type: none"> • Michigan Department of Community Health • American Academy of Pediatrics • Alliance for Immunization in Michigan |
| Numerator | The number of adolescents with completed immunizations as defined above |
| Denominator | The number of adolescents 13 years of age as of Dec. 31, 2018 |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO, and Medicaid |

| | |
|---------------------------------|--|
| Method of measurement | <p>Claims data processed by Feb. 28, 2019.</p> <p>MCIR data is downloaded from the State of Michigan monthly. MCIR immunization history must be entered by Jan. 31, 2019.</p> <p>MCIR and Priority Health match member records using a point system. We aren't always able to make a perfect match. Check monthly reporting for non-matches and provide the member's MCIR number to Priority Health through Patient Profile or Report #70.</p> |
| Provider data input | All immunization data must be updated in MCIR by Jan. 31, 2019. |
| Target: HMO/POS, ASO/PPO | 26% |
| Target: Medicaid | 32% |
| Payout | \$50 per measured member |

Prevention

Well-Child visits in the first 15 months of life

| | |
|---------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | Infants turning 15 months of age in 2018 who had at least six well-child visits by 15 months of age |
| Case definition | <p>Continuously enrolled with Priority Health from 31 days of age to 15 months of age with no more than a 45 day gap in coverage.</p> <p>The infant must be enrolled and assigned to a PCP on the day of their 15th month of age. Fifteen months of age is defined as the 90th day following the infant's first birthday.</p> <p>Member/PCP assignment: PCP assigned to the infant on the date the infant reaches 15 months of age.</p> <p>Following HEDIS criteria, numerator events such as a well-child visit must be at least 14 days apart to count as two separate events. If two of the same numerator events (i.e. two well-child visits) happen within 14 days of each other we will credit only the first one. For example, if the service date was February 1, then the service date for the second visit must be on or after February 15.</p> |
| Age criteria | 15 months of age during 2018 |
| Exclusionary criteria | Members in hospice or using hospice services any time during 2018 |
| Numerator | Infants with at least six well-child visits before turning 15 months of age |
| Denominator | Infants turning 15 months of age during 2018 |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO, and Medicaid |
| Method of measurement | Claims data processed by Feb. 28, 2019 |
| Provider data input | <p>Supplemental data includes:</p> <ul style="list-style-type: none"> • HL7 • Report #70 <p>Supplemental data is subject to audit.</p> |
| Target: HMO/POS, ASO/PPO | 89% |
| Target: Medicaid | 74% |
| Payout | \$75 per measured member |

Physical exams (Well-Child visits)

Here's how often children should have complete physicals (well-child exams):

| Age | Recommendation |
|--------------------|--|
| Newborn | 1 visit 3-5 days after discharge |
| 0-2 years | 1 visit at 2, 4, 6, 9, 12, 15, 18 and 24 months |
| 3-6 years | 1 visit at 30 months and 1 visit every year for ages 3-6 |
| 7-10 years | 1 visit every 1-2 years |
| 11-18 years | 1 visit every year |

Prevention

Well-Child visits 3–6 years

| | |
|---------------------------------|--|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | Children 3–6 years of age who received one or more well-child visits with a PCP in 2018 |
| Case definition | Children must be continuously enrolled with Priority Health during 2017 with no more than a 45 day gap in coverage. Children must be members of Priority Health and assigned to a participating PCP on Dec. 31, 2018. |
| Age criteria | 3-6 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | Members in hospice or using hospice services any time during 2018 |
| Numerator | The number of children with at least one well-child visit in 2018 |
| Denominator | The number of children 3-6 years of age as of Dec. 31, 2018 |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO, and Medicaid |
| Method of measurement | Claims data processed by Feb. 28, 2019 |
| Provider data input | Supplemental data includes: <ul style="list-style-type: none"> • HL7 • Report #70 <p>Supplemental data is subject to audit.</p> |
| Target: HMO/POS, ASO/PPO | 88% |
| Target: Medicaid | 83% |
| Payout | \$60 per measured member |

Physical exams (Well-Child visits)

Here's how often children should have complete physicals (well-child exams):

| Age | Recommendation |
|--------------------|--|
| Newborn | 1 visit 3-5 days after discharge |
| 0-2 years | 1 visit at 2, 4, 6, 9, 12, 15, 18 and 24 months |
| 3-6 years | 1 visit at 30 months and 1 visit every year for ages 3-6 |
| 7-10 years | 1 visit every 1-2 years |
| 11-18 years | 1 visit every year |

Prevention Chlamydia screening

| | |
|--------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | The percentage of women 16–24 years of age who were identified as sexually active with one or more chlamydia screenings during 2018. |
| Case definition | Women must be continuously enrolled with Priority Health in 2018 with no more than a 45 day gap in coverage. Women must be enrolled with Priority Health and assigned to a participating PCP on Dec. 31, 2018. |
| Age criteria | 16–24 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | A billed pregnancy test during 2018 and a filled prescription for isotretinoin (Accutane) or an X-ray on the same day as the pregnancy test or six days after the pregnancy test. Submit a special exception in Patient Profile for women with a pregnancy test conducted pre-surgery. Members in hospice or using hospice services any time during 2018 |
| Numerator | Women with at least one or more chlamydia tests during 2018. |
| Denominator | Sexually active women 16-24 years old. |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | Medicaid |
| Method of measurement | Pharmacy and medical claims processed by Feb. 28, 2019. Physician reported data submitted by Jan. 31, 2019. Sexual activity is identified through billed diagnosis codes, procedure codes and pharmacy claims. |
| Provider data input | Documented chlamydia screening may be supplied as supplemental data through Jan. 31, 2019. Supplemental data includes: <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 Supplemental data is subject to audit. |
| Target: Medicaid | 70% |
| Payout | \$15 per measured member |

Prevention

Lead screening in children

| | |
|--------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | The percentage of children two years of age who had one or more capillary or venous blood screenings for lead poisoning on or before their second birthday |
| Case definition | Children must be continuously enrolled for 12 months prior to their second birthday with no more than a 45 day gap in coverage. Children must have active coverage and be assigned to a participating PCP on their second birthday. Member/PCP assignment: PCP assigned to the child on their second birthday |
| Age criteria | 2 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | Members in hospice or using hospice services any time during 2018 |
| Numerator | One or more capillary or venous blood tests to screen for lead poisoning on or before the child's second birthday. |
| Denominator | All children turning age two in 2018 |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | Medicaid |
| Method of measurement | Claims data processed by Feb. 28, 2019. Physician reported data submitted by Jan. 31, 2019. Lead screenings noted within MCIR will also be downloaded to supplement claims data. The MCIR lead file from the State of Michigan does not include MICHild, Healthy Michigan Plan, or Children's Special Health Care members. Therefore, some practices may notice members not meeting the lead screening measure even though the member may have had the service completed. Providers should enter these screenings as supplemental data. |
| Provider data input | Documented lead screenings may be supplied as supplemental data through Jan. 31, 2019. Supplemental data includes: <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 Supplemental data is subject to audit. |
| Target: Medicaid | 86% |
| Payout | \$15 per measured member |

Prevention

Recorded BMI (pediatric and adult patients)

| | |
|---------------------------------|--|
| Source | Priority Health standard of excellence derived from HEDIS and 5-Star Guidelines |
| Identified measure | The percentage of patients with a billed PCP E&M claim between Jan. 1, 2018 and Dec. 31, 2018 that had a BMI or BMI percentile documented in the chart and submitted to Priority Health through supplemental data. |
| Case definition | Member must be continuously enrolled with Priority Health medical coverage in 2018 with no more than one 45 day gap in coverage. Member must have active Priority Health medical coverage on Dec. 31, 2018. Only the first PCP E&M visit during the measurement year will be evaluated. E&M visits tied to members PCP on date of the earliest PCP E&M visit. |
| Age criteria | Medicaid members 3-74 years of age on Dec. 31, 2018. Medicare members 18-74 years of age on Dec. 31, 2018. |
| Exclusionary criteria | None |
| Numerator | Count of unique members identified in the denominator with a BMI or BMI percentile submitted to Priority Health through supplemental data between Jan. 1, 2018 and Dec. 31, 2018. |
| Denominator | The percentage of patients with a billed PCP E&M claim between Jan. 1, 2018 and Dec. 31, 2018 that had a BMI or BMI percentile documented in the chart and submitted to Priority Health through supplemental data. |
| Level of measurement | Practice group |
| Minimum members | 1 per practice group |
| Applicable product lines | Medicaid and Medicare |
| Method of measurement | Claims data processed by Feb. 28, 2019 and supplemental data entered on or before Jan. 31, 2019. |
| Provider data input | Supplemental data includes: <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 Supplemental data is subject to audit. |
| Target: Medicare | 98% |
| Target: Medicaid | 94% |
| Payout | \$0.10 per member per month for members 3-74 years of age on Dec. 31, 2018. Payout will be for the full 12 months of 2018. |
| Notes | Providers are encouraged to bill BMI or BMI percentile ICD-10 diagnosis code on any PCP E&M claim. (ICD-10 diagnosis code of Z68.51-Z68.54 for members 20 and younger and Z68.1-Z68.45, E66.01 & E66.2 for members 21-74) |

Prevention

Colorectal cancer screening

| | |
|---------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer |
| Case definition | Members continuously enrolled in 2017 and 2018, with no more than a 45 day gap in coverage. Members 51-75 years of age as of Dec. 31, 2018. |
| Age criteria | 51-75 years |
| Exclusionary criteria | Members with a diagnosis of colorectal cancer or total colectomy on or before Dec. 31, 2018 Members 65 years of age or older who are: <ul style="list-style-type: none"> Enrolled in an institutional SNP (I-SNP) any time during the measurement year. Living long-term in an institution any time during the measurement year. Members in hospice or using hospice services any time during 2018. |
| Numerator | One or more screenings for colorectal cancer: <ul style="list-style-type: none"> Fecal occult blood test (FOBT) during 2018 Flexible sigmoidoscopy anytime during 2014 – 2018 Colonoscopy anytime during 2009 – 2018 FIT-DNA (Cologuard) anytime during 2016 – 2018 CT colonography anytime during 2014 – 2018 |
| Denominator | Eligible members between 50-75 years of age |
| Level of measurement | Practice group |
| Minimum members | 1 per practice group |
| Applicable product lines | HMO/POS, ASO/PPO, Medicare |
| Method of measurement | Claims data processed by Feb. 28, 2019. Physician reported data submitted by Jan. 31, 2019. |
| Provider data input | Supplemental data may be provided until Jan. 31, 2019 Supplemental data includes: <ul style="list-style-type: none"> HL7 Patient Profile Report #70 <p>If member had any of these services defined below completed prior to enrollment with Priority Health, enter that date of service and result in Patient Profile or Report #70</p> <ul style="list-style-type: none"> Fecal occult blood test (FOBT) Flexible sigmoidoscopy Colonoscopy <p>Enter the date and result of these services in Report #70</p> <ul style="list-style-type: none"> CT colonography FIT-DNA (Cologuard) <p>Supplemental data is subject to audit.</p> |
| Target: HMO/POS, ASO/PPO | 74% |
| Target: Medicare | 80% |
| Payout: | \$10 per measured member |

Chronic disease

Diabetes care: Controlled HbA1c less than 7.0%

| | |
|------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | The percentage of members with diabetes with an HbA1c <7.0%. This measure considers the most recent lab conducted in 2018. If no HbA1c was conducted during 2018, the level is considered to be greater than or equal to 7.0% |
| Case definition | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> • Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ On different dates of service ○ In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter ○ In 2017 or 2018, or • One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ In an acute inpatient encounter ○ In 2016 or 2017, or • Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2017 or 2018. <p>Members must be continuously enrolled in 2018 with no more than a 45 day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2018.</p> |
| Age criteria | 18–64 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | <ul style="list-style-type: none"> • Coronary artery bypass graft (CABG): Members who had a CABG in any setting in 2017 or 2018 • Percutaneous Coronary Intervention (PCI): Members who had at least one encounter, in any setting, with any code to identify PCI in 2017 or 2018 • Ischemic vascular disease (IVD): Members with either of the following in 2017 or 2018: <ul style="list-style-type: none"> ○ At least one outpatient visit with an IVD diagnosis, or ○ At least one acute inpatient visit • Chronic heart failure (CHF): Members who had at least one encounter, in any setting, with any code to identify CHF • Thoracic aortic aneurysm: Members who had at least one outpatient visit or one acute inpatient visit with any code to identify thoracic aortic aneurysm in 2017 or 2018 • Prior myocardial infarction (MI): Members who had at least one encounter, in any setting, with any code to identify MI • Chronic kidney disease end-stage renal disease (ESRD): Members who had at least one encounter in any setting with any code to identify ESRD • Dementia: Members who had at least one encounter, in any setting, with any code to identify dementia • Blindness: Members who had at least one encounter, in any setting, with any code to identify blindness • Amputation: Members who had at least one encounter, in any setting, with any code to identify lower extremity amputation • Gestational or steroid induced diabetes: Members with gestational or steroid induced diabetes who did not have any face to face encounters with diagnosis of diabetes, in 2017 or 2018. • Members in hospice or using hospice services any time during 2018. |

| | |
|---------------------------------|---|
| Numerator | The number of members with diabetes with an HbA1c <7.0%. This measure considers the most recent lab conducted in 2018. If no HbA1c was conducted during 2018, the level is considered to be greater than or equal to 7.0%. |
| Denominator | All members with diabetes as defined above |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO, and Medicaid |
| Method of measurement | HbA1c values are sent electronically to Priority Health by many network hospitals and independent labs. Supplemental data submitted by Jan. 31, 2019. |
| Provider data input | Documented lab values may be provided as supplemental data through Jan. 31, 2019. Supplemental data includes: <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2019. Supplemental data is subject to audit. |
| Target: HMO/POS, ASO/PPO | 45% |
| Target: Medicaid | 42% |
| Payout: | \$25 per measured member |

Chronic disease

Diabetes care: Controlled HbA1c less than 8.0%

| | |
|---------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | The percentage of members with diabetes with an HbA1c <8.0%. This measure considers the most recent lab conducted in 2018. If no HbA1c was conducted during 2018, the level is considered to be greater than or equal to 8.0%. |
| Case definition | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> • Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ On different dates of service ○ In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter ○ In 2017 or 2018, or • One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ In an acute inpatient encounter ○ In 2017 or 2018, or • Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2017 or 2018. <p>Members must be continuously enrolled in 2018 with no more than a 45 day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2018.</p> |
| Age criteria | 18–75 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | <ul style="list-style-type: none"> • Gestational or steroid induced diabetes: Members with gestational or steroid induced diabetes who did not have any face to face encounters with diagnosis of diabetes, in 2017 or 2018. • Members in hospice or using hospice services any time during 2018. |
| Numerator | The number of members with diabetes with an HbA1c <8.0%. This measure considers the most recent lab conducted in 2018. If no HbA1c was conducted during 2018, the level is considered to be greater than or equal to 8.0% |
| Denominator | All members with diabetes as defined above |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO, Medicare and Medicaid |
| Method of measurement | HbA1c values are sent electronically to Priority Health by many network hospitals and independent labs. Supplemental data submitted by Jan. 31, 2019. |
| Provider data input | <p>Documented lab values may be provided as supplemental data through Jan. 31, 2019. Supplemental data includes:</p> <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 <p>Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2019. Supplemental data is subject to audit.</p> |
| Target: HMO/POS, ASO/PPO | 67% |
| Target: Medicare | 78% |
| Target: Medicaid | 59% |
| Payout: | \$30 per measured member |

Chronic disease

Diabetes care: Controlled HbA1c less than or equal to 9.0%

| | |
|---------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | The percentage of members with diabetes with an HbA1c \leq 9.0%. This measure considers the most recent lab conducted in 2018. If no HbA1c was conducted during 2018, the level is considered to be greater than 9.0%. |
| Case definition | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> • Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ On different dates of service ○ In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter ○ In 2017 or 2018, or • One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ In an acute inpatient encounter ○ In 2017 or 2018, or • Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2017 or 2018. <p>Members must be continuously enrolled in 2018 with no more than a 45 day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2018.</p> |
| Age criteria | 18–75 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | <ul style="list-style-type: none"> • Gestational or steroid induced diabetes: Members with gestational or steroid induced diabetes who did not have any face to face encounters with diagnosis of diabetes, in 2017 or 2018. • Members in hospice or using hospice services any time during 2018. |
| Numerator | The number of members with diabetes with an HbA1c \leq 9.0%. This measure considers the most recent lab conducted in 2017. If no HbA1c was conducted during 2018, the level is considered to be greater than 9.0%. |
| Denominator | All members with diabetes as defined above |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO and Medicaid |
| Method of measurement | <p>HbA1c values are sent electronically to Priority Health by many network hospitals and independent labs.</p> <p>Supplemental data submitted by Jan. 31, 2019.</p> |
| Provider data input | <p>Documented lab values may be provided as supplemental data through Jan. 31, 2019. Supplemental data includes:</p> <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 <p>Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2019.</p> <p>Supplemental data is subject to audit.</p> |
| Target: HMO/POS, ASO/PPO | 80% |
| Target: Medicare | 88% |
| Target: Medicaid | 71% |
| Payout | \$25 per measured member |

Chronic disease

Diabetes care: Annual retinal eye exam

| | |
|---------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | <p>The percentage of members with diabetes and a retinal eye exam in 2018 or a negative retinal or dilated eye exam in 2017.</p> <p>Two unilateral eye enucleations with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was February 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after February 15.</p> |
| Case definition | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> • Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ On different dates of service ○ In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter ○ In 2017 or 2018, or • One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ In an acute inpatient encounter ○ In 2017 or 2018, or • Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2017 or 2018. <p>Members must be continuously enrolled in 2018 with no more than a 45 day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2018.</p> |
| Age criteria | 18–75 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | <ul style="list-style-type: none"> • Gestational or steroid induced diabetes: Members with gestational or steroid induced diabetes who did not have any face to face encounters with diagnosis of diabetes, in 2017 or 2018. • Members in hospice or using hospice services any time during 2017. |
| Numerator | The number of members with diabetes with a retinal eye exam performed in 2018 or a negative retinal eye exam in 2017. |
| Denominator | All members with diabetes as defined above |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO, Medicare and Medicaid |
| Method of measurement | Claims data processed by Feb. 28, 2019. Supplemental data submitted by Jan. 31, 2019 |
| Provider data input | <p>Documented retinal eye exams may be provided as supplemental data through Jan. 31, 2019. Supplemental data includes:</p> <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 <p>Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2019.</p> <p>Supplemental data is subject to audit.</p> |
| Target: HMO/POS, ASO/PPO | 72% |
| Target: Medicare | 83% |
| Target: Medicaid | 68% |
| Payout | \$15 per measured member |

Chronic disease

Diabetes care: Monitoring for nephropathy

| | |
|--------------------------------|---|
| Source | HEDIS |
| Target source | 2017 HEDIS 90 th percentile |
| Identified measure | <p>The percentage of members with diabetes who have had one of the following:</p> <ul style="list-style-type: none"> • A microalbuminuria lab during 2018 • Diagnosis of or treatment for nephropathy in 2018 • Pharmacy claim for ACE/ARB therapy during 2018 • Visit with a nephrologist in 2018 • Evidence of kidney transplant • Evidence of ESRD • Evidence of stage 4 chronic kidney disease |
| Case definition | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> • Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ On different dates of service ○ In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter In 2017 or 2018, or • One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ In an acute inpatient encounter In 2017 or 2018, or • Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2017 or 2018. <p>Members must be continuously enrolled in 2018 with no more than a 45 day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2018.</p> |
| Age criteria | 18–75 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | <ul style="list-style-type: none"> • Gestational or steroid induced diabetes: Members with gestational or steroid induced diabetes who did not have any face to face encounters with diagnosis of diabetes, in 2017 or 2018. • Members in hospice or using hospice services any time during 2018. |
| Numerator | <p>Members with diabetes who have had one of the following:</p> <ul style="list-style-type: none"> • A microalbuminuria lab during 2018 • Diagnosis of or treatment for nephropathy in 2018 • Pharmacy claim for ACE/ARB therapy during 2018 • Visit with a nephrologist in 2018 • Evidence of ESRD • Evidence of stage 4 chronic kidney disease • Evidence of kidney transplant |
| Denominator | All members with diabetes as defined above |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, ASO/PPO, Medicare and Medicaid |
| Method of measurement | <p>Claims data processed by Feb. 28, 2019. Supplemental data submitted by Jan. 31, 2019.</p> |
| Provider data input | <p>Documented microalbuminuria labs may be provided as supplemental data through Jan. 31, 2019. Supplemental data includes:</p> <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 <p>Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2019. Supplemental data is subject to audit.</p> |

| | |
|---------------------------------|--------------------------|
| Target: HMO/POS, ASO/PPO | 94% |
| Target: Medicare | 98% |
| Target: Medicaid | 94% |
| Payout | \$10 per measured member |

Chronic disease

Optimal diabetes care

| | |
|---|---|
| Source | Extrapolated from HEDIS Diabetes Care measures |
| Identified measure | The percentage of patients with diabetes who have met all standards defined in each of the following measures: <ul style="list-style-type: none"> • Diabetes care: Controlled HbA1c Less Than 7.0% (if applicable, based on co-morbidities and age) • Diabetes care: Controlled HbA1c Less Than 8.0% • Diabetes care: Annual retinal eye exam • Diabetes care: Monitoring for nephropathy • Diabetes care: Controlled blood pressure |
| Case definition | A member with diabetes is defined by: <ul style="list-style-type: none"> • Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ On different dates of service ○ In an outpatient setting ○ In 2017 or 2018, or • One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ In an acute inpatient or emergency department setting ○ In 2017 or 2018, or • Insulin or oral hypoglycemic/anti-hyperglycemic filled script with diagnosis of diabetes during 2017 or 2018. <p>Members must be continuously enrolled in 2018 with no more than a 45 day gap in coverage, and active with Priority Health on Dec. 31, 2018.</p> |
| Age criteria | 18–75 years of age as of Dec. 31, 2018 (Exception: Diabetes Care: Controlled HbA1c Less than 7.0% measure age range is 65 years) |
| Exclusionary criteria | <ul style="list-style-type: none"> • Gestational or steroid induced diabetes: Members with gestational or steroid induced diabetes who did not have any face to face encounters with diagnosis of diabetes, in 2017 or 2018. • Members in hospice or using hospice services any time during 2018. |
| Numerator | The number of members with diabetes that met each of the standards in the following diabetes measures: <ul style="list-style-type: none"> • Diabetes care: Controlled HbA1c Less Than 7% (if applicable, based on co-morbidities and age) • Diabetes care: Controlled HbA1c Less Than 8% • Diabetes care: Annual retinal eye exam • Diabetes care: Monitoring for nephropathy • Diabetes care: Controlled blood pressure |
| Denominator | All members with diabetes as defined above |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product lines | HMO/POS, ASO/PPO and Medicaid |
| Method of measurement | Claims data processed by Feb. 28, 2019. Supplemental data submitted by Jan. 31, 2019. |
| Provider data input | None |
| Targets: HMO/POS, ASO/PPO and Medicaid | 20-29%, 30-34%, 35% and above |
| Payout: HMO/POS, ASO/PPO and Medicaid | \$ 75 per member measured for performance of 20-29%, \$125 per member measured for performance of 30-34% \$200 per member measured for performance of and above 35% and above |

Chronic disease

Hypertension: Controlled blood pressure

| | |
|------------------------------|--|
| Source | Priority Health Standard of Excellence |
| Identified measure | <p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> • Members 18–59 years of age whose BP was <140/90 mm Hg. • Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. • Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. <p>Hypertension diagnosis can come from any physician (PCPs and specialists) within the first 6 months of the year. We accept blood pressure data through supplemental data sources as specified below. We use the BP value submitted on or after the date of the most recent billed PCP visit to determine if blood pressure is controlled.</p> <p>If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading. If no BP is recorded during the measurement year assume that the member is “not controlled.” If a member does not have a PCP office visit during 2018 and is failing to meet the measure, the member will be removed from the measure denominator at year-end.</p> |
| Case definition | <p>A member with hypertension is defined by:</p> <ul style="list-style-type: none"> • One outpatient encounter between Jan. 1 and June 30, 2018, and • Billed diagnosis of I10 during the outpatient encounter <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> • Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ On different dates of service ○ In an outpatient setting ○ In 2017 or 2018, or • One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> ○ In an acute inpatient or emergency department setting ○ In 2017 or 2018, or • Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2017 or 2018. <p>The following members in the eligible population should not be considered to have diabetes: Gestational or steroid-induced diabetes: Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with diagnosis of diabetes, in any setting, in 2017 or 2018.</p> <p>Members must be continuously enrolled with Priority Health in 2018 with no more than a 45 day gap in coverage. Members must be active with Priority Health on Dec. 31, 2018.</p> |
| Age criteria | 18–85 years of age as of Dec. 31, 2018 |
| Exclusionary criteria | Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to Dec. 31, 2018, all members with a diagnosis of pregnancy during 2018, all members who had a non-acute inpatient admission during 2018, and all members in hospice or using hospice services. |

| | |
|---|--|
| | <p>Exclude Medicare members age 65 and older of January 1 2018 who are:</p> <ul style="list-style-type: none"> • Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. • Living long-term in an institution any time during measurement year. |
| Numerator | <p>The number of members in the denominator whose most recent BP (both systolic and diastolic) is adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> • Members 18–59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg • Members 60–85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg • Members 60–85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg |
| Denominator | Hypertensive patients as defined above |
| Level of measure | Practice group |
| Minimum members | 1 per practice |
| Applicable product lines | HMO/POS, ASO/PPO, Medicare and Medicaid |
| Method of measurement | Physician reported data submitted by Jan. 31, 2019 |
| Provider data input | <p>Documented blood pressure may be provided as supplemental data through Jan. 31, 2018 Supplemental data includes:</p> <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 <p>Providers may exclude any member they determine to be incorrectly defined as hypertensive by submitting data through the Update Data function in Patient Profile by Jan. 31, 2019. Supplemental data is subject to audit.</p> <p>BPs must be documented by a health care provider and saved within the member's medical record.</p> |
| Special note for members with no PCP visit in 2018 | <p>Monthly 2018 reporting includes members who have a billed diagnosis of hypertension by any physician. If a member does not have a PCP office visit during 2018, the member will be removed from the measure denominator at year-end.</p> <p>As an option to keep these members in your measure denominator—and potentially the measure numerator—practices may obtain medical records of a blood pressure recorded during a specialist office visit. With this documentation, practices may submit the blood pressure and apply it as supplemental data. We do not apply claims that contain an afterhours CPT code.</p> <p>Within reporting, you may see BP history unfamiliar to your practice. Health systems using a shared patient registry submit BP data from all visits, including specialists.</p> |
| Target: HMO/POS, ASO/PPO | 76% |
| Target: Medicare | 86% |
| Target: Medicaid | 71% |
| Payout: | \$50 per measured member |

Chronic disease Medicare 5-star optimal measure

| Source | Extrapolated from HEDIS Diabetes Care, Hypertension: Controlled blood pressure and colorectal cancer screening measures | | | | | | | | | | | | | |
|---|--|--|--------------|--------|-----------------------------|-----------------------------|--|-----------------------------|-------------------------|-----------------------------|---|-----|---|-----|
| Target source | The higher of 2017 CMS 5-Star Threshold and Medicare HEDIS 90 th percentile | | | | | | | | | | | | | |
| Identified measure | <p>The number of the following measures the practice score is at or above the target:</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Colorectal cancer screening</td> <td>80%</td> </tr> <tr> <td>Diabetes care: Controlled HbA1c ≤ 9.0%</td> <td>88%</td> </tr> <tr> <td>Diabetes care: Eye exam</td> <td>83%</td> </tr> <tr> <td>Diabetes care: Monitoring for Nephropathy</td> <td>98%</td> </tr> <tr> <td>Hypertension: Controlled blood pressure</td> <td>86%</td> </tr> </tbody> </table> <p>A minimum of one member must be in the measure for the practice group to be eligible for meeting a measure.</p> | | Measure | Target | Colorectal cancer screening | 80% | Diabetes care: Controlled HbA1c ≤ 9.0% | 88% | Diabetes care: Eye exam | 83% | Diabetes care: Monitoring for Nephropathy | 98% | Hypertension: Controlled blood pressure | 86% |
| Measure | Target | | | | | | | | | | | | | |
| Colorectal cancer screening | 80% | | | | | | | | | | | | | |
| Diabetes care: Controlled HbA1c ≤ 9.0% | 88% | | | | | | | | | | | | | |
| Diabetes care: Eye exam | 83% | | | | | | | | | | | | | |
| Diabetes care: Monitoring for Nephropathy | 98% | | | | | | | | | | | | | |
| Hypertension: Controlled blood pressure | 86% | | | | | | | | | | | | | |
| Case definition | See individual measures for measure case definitions | | | | | | | | | | | | | |
| Age criteria | Defined by measure | | | | | | | | | | | | | |
| Exclusionary criteria | Defined by measure | | | | | | | | | | | | | |
| Numerator | Defined by measure | | | | | | | | | | | | | |
| Denominator | Defined by measure | | | | | | | | | | | | | |
| Level of measure | Practice group | | | | | | | | | | | | | |
| Minimum members | 1 per practice group | | | | | | | | | | | | | |
| Applicable product lines | Medicare | | | | | | | | | | | | | |
| Method of measurement | Defined by measure | | | | | | | | | | | | | |
| Provider data input | Defined by measure | | | | | | | | | | | | | |
| Targets: Medicare | 3, 4 or 5 measures met | | | | | | | | | | | | | |
| Payout: Medicare | <table border="1"> <thead> <tr> <th>Measures met</th> <th>Payout</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>\$0.25 per member per month</td> </tr> <tr> <td>4</td> <td>\$0.75 per member per month</td> </tr> <tr> <td>5</td> <td>\$1.50 per member per month</td> </tr> </tbody> </table> | | Measures met | Payout | 3 | \$0.25 per member per month | 4 | \$0.75 per member per month | 5 | \$1.50 per member per month | | | | |
| Measures met | Payout | | | | | | | | | | | | | |
| 3 | \$0.25 per member per month | | | | | | | | | | | | | |
| 4 | \$0.75 per member per month | | | | | | | | | | | | | |
| 5 | \$1.50 per member per month | | | | | | | | | | | | | |

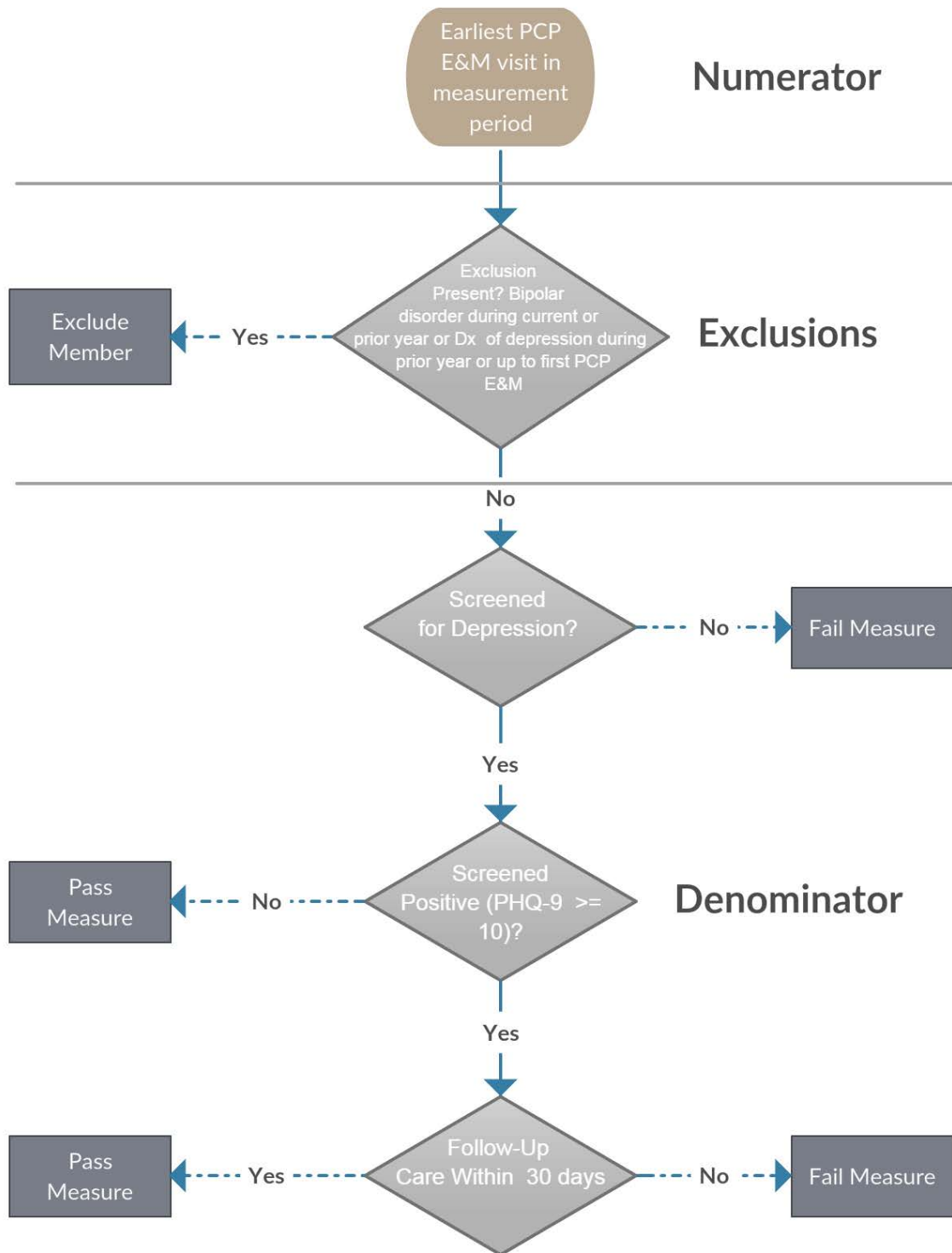
Chronic disease

Depression screening and follow-up

| | |
|---------------------------------|--|
| Target source | Priority Health Standard of Excellence |
| Identified measure | The percentage of patients 12 years of age or older as of Dec. 31, 2018 who had a billed preventive evaluation and management (E&M) visit with a participating PCP and were screened for clinical depression using the standardized tool (PHQ-2, PHQ-4 or PHQ-9) and If screened positive, received appropriate follow-up care. A PHQ-2, PHQ-4 or PHQ-9 value must be provided via supplemental data and must be conducted on the same date as the E&M visit completed by the PCP. |
| Case definition | Members who had a PCP E&M visit and screened for clinical depression and if screened positive for clinical depression with a PHQ-9 score ≥ 10 on that visit date received appropriate follow-up care. Only the first billed preventative E&M visit with a participating PCP during the measurement year will be evaluated. Members must be continuously enrolled in 2017 and 2018 with no more than a 45 day gap in coverage in each year and active with Priority health on Dec. 31, 2017 and Dec. 31, 2018. |
| Age criteria | 12 years and older as of Dec. 31, 2018 |
| Exclusionary criteria | An active diagnosis of bipolar disorder during 2017 or 2018. An active diagnosis of depression in 2017 and up to the day before the preventive E&M visit in 2018. An active diagnosis of depression in 2017 and 2018. |
| Numerator | Patients 12 years and older as of the last day of the measurement year who had an outpatient visit during 2018 and were screened for depression and for those who were screened positive for clinical depression, were provided follow-up care within 30 calendar days of the positive result with one or more of the following: <ul style="list-style-type: none"> • Dispensed an antidepressant medication (Table AMM-C) – see manual code set • A follow-up encounter in behavioral health, including assessment, therapy, medication management or acute care. • A follow-up outpatient visit with a diagnosis of depression. • Follow-up with a care manager with documented assessment of depression symptoms assessment (any encounter that addresses depression symptoms). Care management encounters on the same day as the positive screen do not count as follow-up care. See care management code set. • Assessment on the same day as the positive screen which includes documentation of additional depression assessment indicating no depression. |
| Denominator | Patients 12 years and older as of the last day of the measurement year who had a billed preventive evaluation and management (E&M) visit with a participating PCP on or before Nov. 30, 2018. |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product lines | HMO/POS, ASO/PPO, Medicare and Medicaid |

| | |
|---|--|
| Method of measurement | Claims data processed by Feb. 28, 2019. Supplemental data submitted by Jan. 31, 2019. |
| HCPCS billing codes | G8431-Positive screen for clinical depression, follow-up plan documented (requires evidence of follow-up) G8510-Negative screen for clinical depression documented, follow-up plan not required (numerator compliant) G8511-Positive screen of clinical depression using an age appropriate standardized tool documented, follow-up plan not documented, reason not specified (requires evidence of follow-up) |
| Provider data input | Supplemental data includes: <ul style="list-style-type: none"> • HL7 • Patient Profile • Report #70 Supplemental data is subject to audit. |
| Targets: HMO/POS, ASO/PPO, Medicare and Medicaid | 80% |
| Payout | \$0.20 per member per month |
| Notes | Behavioral health encounters on the same day as the positive screen count as follow-up care. Outpatient encounters outside behavioral health on the same day as the positive screen do not count as follow-up care. For example, a visit with a primary care provider with a diagnosis of depression or dysthymia on the same day as the positive screen does not meet the criteria for follow-up care. If the provider that completed the depression screening is no longer a participating PCP, that screening and the corresponding visit will not count towards the incentive measure. |

Depression flow chart



Chronic disease Senior care education

| | |
|--------------------------------|--|
| Source | Priority Health Standard of Excellence |
| Identified measure | <p>An incentive is provided for practices that have implemented routine discussions/counseling during annual wellness visits or a comprehensive physical exam to cover the following topics with Medicare members:</p> <ul style="list-style-type: none"> • Fall prevention: Ways to prevent falls and problems with balance and walking • Mental health: What they can do if they have feelings of sadness, confusion, forgetfulness or loneliness • Physical health: How to stay physically active and the importance of exercise • Bladder control: How to improve bladder control • Proper coding for risk adjustment: Documentation of the members full burden of illness and coding to specificity to ensure the capture of a full diagnosis on a claim <p>To receive credit for this incentive, providers must complete a pre-recorded educational webcast and complete the attestation survey (questionnaire).</p> <p>The senior care education webcast and attestation survey is available at priorityhealth.com/provider/center/incentives/pjp/senior-care-education (login required).</p> |
| Age criteria | 64 years of age and older |
| Exclusionary criteria | None |
| Level of measure | Practice group |
| Minimum members | 1 Medicare member per practice group |
| Applicable product line | Medicare |
| Method of measurement | <p>Implementation of routine discussions/counseling during annual wellness visits or a comprehensive physical exam to cover the topics outlined above in measure specifications by May 31, 2018.</p> <p>Completion of the Priority Health provider webcast and attestation survey by June 1, 2018.</p> |
| Payout | \$0.25 per member per month |

Transformation of care Medication Therapy Management (MTM)

| | |
|-----------------------------------|--|
| Source | CMS 5-Star Measure |
| Target source | Priority Health Standard of Excellence |
| Identified measure | The percentage of patients identified by OutcomesMTM that received a comprehensive medication review. |
| Case definition | <p>Members who meet eligibility criteria for medication therapy management (MTM) services as defined by OutcomesMTM.</p> <p>Commercial and Medicaid: at least 18 yrs old and 4 or more chronic or maintenance drugs filled in the last 6 months.</p> <p>Medicare: 3 or more specific health conditions (see measure code set) and taking 4 or more chronic or maintenance drugs and the total costs of your drugs must be at least \$3,057 each year.</p> <p>Members must be continuously enrolled in 2018 with no more than a 45 day gap in coverage and active with Priority health on Dec. 31, 2018. Members must be eligible for the MTM services as defined by OutcomesMTM greater than 60 days before Dec. 31, 2018.</p> |
| Age criteria | 18 years and older as of Dec. 31, 2018 |
| Exclusionary criteria | None |
| Numerator | The number of patients in the denominator that have received one or more comprehensive medication reviews (CMRs) during the measurement year. |
| Denominator | <p>Patients 18 years and older as of the last day of the measurement year who met eligibility criteria for medication therapy management (MTM) services by Nov. 1, 2018</p> <p>Or, patient received a comprehensive medication review (CMR) during the measurement year.</p> |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product lines | HMO/POS, ASO/PPO, Medicare and Medicaid |
| Method of measurement | CMR billed by OutcomesMTM processed by Feb. 28, 2019. |
| Provider data input | None |
| Target: HMO/POS, ASO/PPO | 45% |
| Target: Medicare | 77% |
| Target: Medicaid | 60% |
| Payout: HMO/POS, ASO/PPO | \$40 per measured member |
| Payout: Medicare, Medicaid | \$25 per measured member |
| Notes | Practice groups receiving direct funding for pharmacists may be ineligible for this measure. |

Transformation of care

Care management

| <p>Identified measure</p> | <p>An incentive is available for primary care practices that have implemented care management. One of the primary goals of Priority Health’s PCP Incentive Program is to encourage appropriate care management and disease management of members with complex health care needs.</p> <p>To be eligible for this incentive, practice groups must include a minimum of one part-or full-time care manager assigned to the practice and actively working with Priority Health members. The care manager must be trained and seeing members by May 1, 2018.</p> <p>In addition to the above, practices must meet/provide the following:</p> <ul style="list-style-type: none"> • Billed claims for care management services • Survey attestation form (this must be completed for each year of participation in PIP) • Continuing education documentation <p>Claims</p> <p>Practices must meet or exceed a risk adjusted target of unique Priority Health members receiving care management services. This is a combined target for all active members assigned or attributed to the practice. Continuous member enrollment criteria does not apply. Members need only be active on the date care management services were provided.</p> <p>In order for a member to count towards the care management measure for PIP 2018, the member must have at least two visits on different days. Multiple claims billed on the same date of service will only count once towards the two billed care management claims per unique member requirement.</p> <p>The measure denominator is defined as the practice’s assigned/attributed 2018 member months divided by 12.</p> <p>Claims with the following HCPCS and CPT codes will serve to identify members that have received care management services and will count toward the risk adjusted care management billing threshold.</p> <table border="1" data-bbox="418 1285 1464 1871"> <thead> <tr> <th>Codes</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>G0511*</td> <td>Care coordination services and payment for RHCs and FQHCs only</td> </tr> <tr> <td>G0512*</td> <td>Care coordination services and payment for RHCs and FQHCs only</td> </tr> <tr> <td>G9001</td> <td>Coordinated care fee</td> </tr> <tr> <td>G9002</td> <td>Coordinated care fee</td> </tr> <tr> <td>G9007</td> <td>Coordinated care fee scheduled team conference</td> </tr> <tr> <td>G9008</td> <td>Coordinated care fee, physician coordinated care oversight services</td> </tr> <tr> <td>99487</td> <td>Complex chronic care management services</td> </tr> <tr> <td>99490</td> <td>Chronic care management services</td> </tr> <tr> <td>99492*</td> <td>Psychiatric collaborative care management services</td> </tr> <tr> <td>99493*</td> <td>Psychiatric collaborative care management services</td> </tr> <tr> <td>99494*</td> <td>Psychiatric collaborative care management services</td> </tr> </tbody> </table> | Codes | Description | G0511* | Care coordination services and payment for RHCs and FQHCs only | G0512* | Care coordination services and payment for RHCs and FQHCs only | G9001 | Coordinated care fee | G9002 | Coordinated care fee | G9007 | Coordinated care fee scheduled team conference | G9008 | Coordinated care fee, physician coordinated care oversight services | 99487 | Complex chronic care management services | 99490 | Chronic care management services | 99492* | Psychiatric collaborative care management services | 99493* | Psychiatric collaborative care management services | 99494* | Psychiatric collaborative care management services |
|----------------------------------|--|-------|-------------|--------|--|--------|--|-------|----------------------|-------|----------------------|-------|--|-------|---|-------|--|-------|----------------------------------|--------|--|--------|--|--------|--|
| Codes | Description | | | | | | | | | | | | | | | | | | | | | | | | |
| G0511* | Care coordination services and payment for RHCs and FQHCs only | | | | | | | | | | | | | | | | | | | | | | | | |
| G0512* | Care coordination services and payment for RHCs and FQHCs only | | | | | | | | | | | | | | | | | | | | | | | | |
| G9001 | Coordinated care fee | | | | | | | | | | | | | | | | | | | | | | | | |
| G9002 | Coordinated care fee | | | | | | | | | | | | | | | | | | | | | | | | |
| G9007 | Coordinated care fee scheduled team conference | | | | | | | | | | | | | | | | | | | | | | | | |
| G9008 | Coordinated care fee, physician coordinated care oversight services | | | | | | | | | | | | | | | | | | | | | | | | |
| 99487 | Complex chronic care management services | | | | | | | | | | | | | | | | | | | | | | | | |
| 99490 | Chronic care management services | | | | | | | | | | | | | | | | | | | | | | | | |
| 99492* | Psychiatric collaborative care management services | | | | | | | | | | | | | | | | | | | | | | | | |
| 99493* | Psychiatric collaborative care management services | | | | | | | | | | | | | | | | | | | | | | | | |
| 99494* | Psychiatric collaborative care management services | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--------|---|
| 99495* | Transitional care management services |
| 99496* | Transitional care management services |
| 98966 | Non-face-to-face non-physician telephone services |
| 98967 | Non-face-to-face non-physician telephone services |
| 98968 | Non-face-to-face non-physician telephone services |

* New codes for 2018

Additional billing information can be found at priorityhealth.com/provider/center/services/medical/care-management.

Priority Health offers a FileMart report, "PIP_013 Care Management", which provides additional detail around care management claims and practice-level performance. For information on this report or to receive an electronic version, please contact your Provider Performance Specialist.

Attestation and Documentation

To be eligible for the care management incentive, practices are required to attest to details of their care management program. The following program requirement details will be addressed in an attestation survey. The attestation must be completed in full in order to be eligible for the care management incentive.

Below are some of the key topics that are covered by the attestation:

- Listing of care managers actively working the practice and the number of days each care manager will be seeing patients.
- Attestation to care managers having qualified health professional licensure. This requirement aligns with licensure required to bill care management codes (RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP)
- Attestation to care management staff having been trained under a recognized training program. Priority Health requires all qualified health professionals working as a care manager to complete care management training under a recognized training program. Examples include:
 - Case Management Society of America
 - Health Services Institute
 - Learning Action Network
 - Michigan Center for Clinical System Improvement (MICCSI)
 - Practice Transformation Institute
 - State Innovation Model (SIM)
 - MiCMRC Complex Care Management Course

Please note: Priority Health has determined that the MiCMRC PDCM online course provides insufficient training for care management and this training will not satisfy requirements for this attestation.

Beyond the initial training requirement for first year care managers, each care manager must be able to document at least 8 hours of continuing education during 2018 to qualify for this incentive.

- The practice's care management program is built on the team-based model.
- Provider registry or EMR use for risk stratification, or Priority Health population

| | <p>segmentation reports to identify patients for care management.</p> <ul style="list-style-type: none"> • The practice supports integration with the Priority Health care management team. Integration is defined as communication, as needed, between Priority Health and practice care managers to coordinate care. The frequency of communication will vary based on the membership size within the practice. • Practice or PHO/PO must have a physician champion for their care management program. If the practice is a member of a PO/PHO and the physician champion for care management covers all practice sites, this meets criteria. Independent practices must designate a physician lead for care management. <p>For information on the survey attestation survey requirements go to priorityhealth.com/provider/center/incentives/pip/care-management (login required). The deadline to complete the attestation is June 1, 2018.</p> <p>Practices may be audited to confirm compliance with measure criteria.</p> <p>Priority Health recommends the Agency for Healthcare Research and Quality (AHRQ) and Case Management Society of America (CMSA) as resources to learn more about care management.</p> | | | | | | | | | | | | | | | |
|---|---|-------------------------|-----------------------------|-------------------------|-------------------|--------|--------|----------|--------|--------|----------|--------|--------|--------------------|--------|--------|
| Level of measure | Practice group | | | | | | | | | | | | | | | |
| Minimum members | 1 per practice group | | | | | | | | | | | | | | | |
| Applicable product lines | HMO/POS, ASO/PPO, Medicare and Medicaid | | | | | | | | | | | | | | | |
| Method of measurement | <p>Claims activity to measure risk adjusted practice group target.</p> <p>Two billed care management claims on different dates of service in 2018 per unique member.</p> <p>Survey attestation completion due by June 1, 2018.</p> | | | | | | | | | | | | | | | |
| Tiered Target and payout methodology | <p>The target and payment for care management is a “tiered” model based on the illness burden of the Priority Health membership for the practice. Each practice will be assigned a 2%, 3%, or 4% target along with a unique per member per month (PMPM) payment value.</p> <p>Membership is assigned to 4 risk quartiles, risk scores are compiled at practice level, and average PMPMs are calculated for each practice.</p> <table border="1" data-bbox="418 1402 1230 1759"> <thead> <tr> <th>Risk Quartile</th> <th>Individual/ACA Product PMPM</th> <th>All Other Products PMPM</th> </tr> </thead> <tbody> <tr> <td>1 (Lowest)</td> <td>\$0.50</td> <td>\$1.10</td> </tr> <tr> <td>2</td> <td>\$1.00</td> <td>\$1.50</td> </tr> <tr> <td>3</td> <td>\$2.90</td> <td>\$2.90</td> </tr> <tr> <td>4 (Highest)</td> <td>\$5.50</td> <td>\$5.50</td> </tr> </tbody> </table> | Risk Quartile | Individual/ACA Product PMPM | All Other Products PMPM | 1 (Lowest) | \$0.50 | \$1.10 | 2 | \$1.00 | \$1.50 | 3 | \$2.90 | \$2.90 | 4 (Highest) | \$5.50 | \$5.50 |
| Risk Quartile | Individual/ACA Product PMPM | All Other Products PMPM | | | | | | | | | | | | | | |
| 1 (Lowest) | \$0.50 | \$1.10 | | | | | | | | | | | | | | |
| 2 | \$1.00 | \$1.50 | | | | | | | | | | | | | | |
| 3 | \$2.90 | \$2.90 | | | | | | | | | | | | | | |
| 4 (Highest) | \$5.50 | \$5.50 | | | | | | | | | | | | | | |

Practice PMPMs are allotted to ranges as shown below and CM targets are assigned to each practice.

| Target | PMPM |
|--------|-----------------|
| 2% | < \$2.00 |
| 3% | \$2.00 - \$3.25 |
| 4% | > \$3.25 |

Example Calculation

The following table and calculations demonstrate an example calculation for a practice.

| Risk Quartile | Member Months (12 months) | PMPM per Quartile | Total Payout |
|---------------|---------------------------|-------------------|-----------------|
| 1 | 600 | \$1.10 | \$660 |
| 2 | 1200 | \$1.50 | \$1,800 |
| 3 | 3600 | \$2.90 | \$10,440 |
| 4 | 1200 | \$5.50 | \$6,600 |
| Total | 6600 | N/A | \$19,500 |

Calculating the total payout:

- Quartile 1: 600 member months x \$1.10
- Quartile 2: 1200 member months x \$1.50
- Quartile 3: 3600 member months x \$2.90
- Quartile 4: 1200 member months x \$5.50

Total payout: \$19,500

Calculating the estimated practice PMPM:

\$19,500 total funds / 6600 member months = **\$2.95 practice PMPM**

The estimated PMPM of \$2.95 results in a target of 3% for this practice.

Reporting:

Each practice in the network has a defined target and estimated PMPM opportunity. This information has been emailed to ACNs and practice groups. If your practice or ACN has not received this information, contact your Provider Performance Specialist.

| | |
|--------------|--|
| Notes | <p>Practices are eligible for either the PCMH incentive or the care management incentive. If a PCMH practices qualifies for the care management incentive, the higher care management incentive will be paid.</p> <p>Assigned or attributed PCP of the member on the date of the care management service will get the credit.</p> <p>Care management touch points do not transfer between assigned PCP practice groups Any care management touch points will stay with the assigned or attributed PCP at the time of the care management visit.</p> <p>If a member changes PCPs within the same practice group, care management visits stay with that assigned PCP practice. If the member changes their PCP outside the practice group, care management visits stay with the previously assigned PCP practice.</p> <p>If two care management visits are completed by the assigned or attributed PCP and the member transfers to a different practice, care management visits stay with the previously assigned PCP practice group.</p> <p>If a PCP changes from an attested practice group to another attested practice group, care management touch points will follow the assigned PCP to the new attested practice location.</p> <p>If a PCP changes practice groups from one attested practice group to a non-attested practice group, care management touch points will not count for any non-attested practice group.</p> <p>Practice groups receiving payment for Medicaid members in SIM PMCH are not eligible for the care management incentive.</p> |
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Transformation of care

Patient-centered medical home (PCMH) recognition

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|--------------------------------|--|
| Identified measure | <p>Priority Health provides an incentive for all practices with active patient-centered medical home recognition. Priority Health is honoring three recognition programs: BCBS of Michigan, NCQA and URAC.</p> <p>BCBS PGIP PCMH recognition - Practices are required to resubmit proof of PCMH renewal through BCBS by Sept. 14, 2018. This process aligns with BCBS' annual announcement of PGIP PCMH recognized practices.</p> <p>Practices that lose BCBS PCMH recognition in July 2018 will have monthly pro-rated recognition end September 2018. Practices that are newly recognized by BCBS in July 2018 will have recognition begin October 2018. Failure to submit proof of recognition by Sept. 14, 2018 will stop existing PCMH recognition in September 2018.</p> <p>NCQA recognition - Practices with existing NCQA recognition are requested to submit proof of recognition status during the fourth quarter of 2018. Practices that are newly recognized should submit proof of recognition as soon as it is granted.</p> <p>URAC - Practices with existing URAC recognition are requested to submit proof of recognition status during fourth quarter 2018. Practices that are newly recognized should submit proof of recognition as soon as it is granted.</p> |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | Medicaid |
| Method of measurement | <p>Practices must have active patient-centered medical home recognition. Priority Health is honoring three recognition programs: BCBS of Michigan, NCQA and URAC.</p> <p>BCBS of Michigan - The BCBS PHO/PO notification Excel spreadsheet is required as proof of recognition status. Priority Health facility site IDs are required for those practice groups that received BCBS PGIP PCMH designation. Priority Health will require practices to submit the Priority Health facility site ID with the BCBS documentation.</p> <p>NCQA - Newly-recognized practices must provide documentation of recognition status. A letter from NCQA or certificate is appropriate documentation. Priority Health will require practices to submit the Priority Health facility site ID with the NCQA documentation.</p> <p>URAC - Practices must provide documentation of recognition status. A letter or certificate from URAC is appropriate documentation. Priority Health will require practices to submit the Priority Health facility site ID with the URAC documentation.</p> |
| Payout | \$0.75 per member per month |
| Notes | <p>Practices are eligible for either the PCMH incentive or the care management incentive. If a PCMH practices qualifies for the care management incentive, the higher care management incentive will be paid.</p> <p>PCMH is a practice group measure. If a PCP leaves a designated PCMH practice site, PCMH recognition does not follow the provider. Submit PCMH designation to PH-PartnersinPerformance@priorityhealth.com</p> |

Transformation of care

CG CAHPS

| Identified measure | <p>An incentive is available to practices that have conducted the CG Consumer Assessment Healthcare Providers and Systems (CAHPS) patient experience survey.</p> <p>CG CAHPS is promoted by the Michigan Patient Experience of Care (MIPEC) initiative. However, practices do not need to participate with the MIPEC initiative to receive an incentive.</p> <p>Practices eligible for this incentive must conduct a minimum number of surveys as identified in the chart below. The chart was developed by the Agency for Healthcare Research and Quality (AHRQ). Practices are identified by Priority Health facility site ID. The minimum survey count applies to any patient, not just Priority Health members.</p> <table border="1" data-bbox="553 730 1442 968"> <thead> <tr> <th># of providers per practice site</th> <th>Required # of completed surveys</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>50</td> </tr> <tr> <td>2</td> <td>100</td> </tr> <tr> <td>3</td> <td>150</td> </tr> <tr> <td>4-9</td> <td>175</td> </tr> <tr> <td>10-13</td> <td>200</td> </tr> <tr> <td>14+</td> <td>250</td> </tr> </tbody> </table> <p>Based on the need for comparable, reliable and bias-free survey methodology and results, Priority Health reserves the right to require use of a certified vendor to conduct the CG-CAHPS survey.</p> | # of providers per practice site | Required # of completed surveys | 1 | 50 | 2 | 100 | 3 | 150 | 4-9 | 175 | 10-13 | 200 | 14+ | 250 |
|----------------------------------|---|----------------------------------|---------------------------------|---|----|---|-----|---|-----|-----|-----|-------|-----|-----|-----|
| # of providers per practice site | Required # of completed surveys | | | | | | | | | | | | | | |
| 1 | 50 | | | | | | | | | | | | | | |
| 2 | 100 | | | | | | | | | | | | | | |
| 3 | 150 | | | | | | | | | | | | | | |
| 4-9 | 175 | | | | | | | | | | | | | | |
| 10-13 | 200 | | | | | | | | | | | | | | |
| 14+ | 250 | | | | | | | | | | | | | | |
| Level of measurement | Practice group | | | | | | | | | | | | | | |
| Minimum members | No minimum member requirement | | | | | | | | | | | | | | |
| Applicable product lines | HMO/POS, ASO/PPO, Medicare and Medicaid | | | | | | | | | | | | | | |
| Method of measurement | <p>Initiate CG CAHPS survey processes by May 1, 2018.</p> <p>Submit practice-level performance data for each GC CAHPS survey question via flat ASC II or excel to Priority Health by Jan. 31, 2019.</p> <p>For additional CG-CAHPS measure information and to download the practice-level performance data excel spreadsheets visit priorityhealth.com/provider/center/incentives/pip/cg-cahps (login required).</p> | | | | | | | | | | | | | | |
| Payout | \$0.10 per member per month | | | | | | | | | | | | | | |
| Notes | <p>Practice sites that do not participate with MIPEC will need to submit practice-level performance data to Priority Health for incentive credit. Submit CG CAHPS practice-level data to:</p> <p>PH-PartnersinPerformance@priorityhealth.com</p> | | | | | | | | | | | | | | |

Transformation of care

Healthy Michigan Plan: HRA completion and open access

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| Identified measure | <p>For calendar year 2018, primary care providers are eligible for a \$25 incentive for proper completion of the initial health risk assessment (HRA) and an additional \$25 if they are open to new Medicaid members on the date of service.</p> <p>\$25 incentive for HRA completion Priority Health will pay a \$25 incentive to participating PCPs only when the PCP (physician or mid-level primary care provider) completes the HRA form properly and timely. To receive the incentive, the PCP must:</p> <ul style="list-style-type: none"> • Conduct an initial visit with the Healthy Michigan Plan member within 150 days of the member's original enrollment date • Within 60 days of the initial visit OR the patient's effective date with Priority Health, whichever is later, return the entire completed HRA to Priority Health at 616.942.0616. Incomplete forms will be returned to you for completion. Complete and send back to Priority Health within 10 days. Failure to complete the form properly will result in ineligibility for the incentive. <p>To be considered, HRA must be signed and include results of all questions and the provider attestation information. Handwritten forms must be legible.</p> <p>\$25 additional incentive for PCPs open to new Medicaid members PCPs open to new Medicaid members can earn an additional \$25 per completed HRA form. To receive the additional incentive, PCPs must meet the criteria above for earning the \$25 HRA incentive and be open to new Medicaid members on the date of service on which the visit occurred.</p> <p>If a practice is currently closed to new Medicaid members, use the Participating Provider Change Form to inform Priority Health that you will open your practice to new members. Priority Health will use the date the form is received as the effective date of open status. Both incentive payments will be processed annually.</p> <p>Federally qualified health clinics and rural health clinics are eligible.</p> <p>Note: This incentive is paid once per member to the PCP who conducts the visit. Only those members with greater than a two month gap in coverage who re-enroll are eligible for the incentive again. Members will show on the assigned PCP's report until they have a qualifying visit with another PCP. From then on, the member will appear on the treating PCP's report.</p> |
| Case definition | Members with coverage under the Healthy Michigan Plan. PCPs must be open to new members under their Priority Health Medicaid contract to receive the additional \$25 payout. |
| Age criteria | 19-64 years of age |
| Exclusionary criteria | None |
| Level of measure | Practice level. Open status is based on the individual practitioner. |
| Minimum members | 1 per practice |
| Applicable product line | Medicaid |
| Method of measurement | Completed HRA form returned to plan |
| Provider data input | Complete and submit the HRA within 60 days of the initial visit date of service. |
| Payout | \$25 per measured member for submission of completed HRA \$25 per measured member for open access on date of service. |
| Notes | Payment award will be paid with all other settlement payments in April 2019. The initial health risk assessment (HRA) will only be paid out for the initial HRA only; it will not be paid out for subsequent years. |

Transformation of care

All-cause readmissions

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| Source | Priority Health standard of excellence derived from HEDIS. |
| Identified measure | <p>The percentage of acute inpatient stays discharged on or between December 1, 2017 and November 30, 2018 that were followed by an unplanned acute readmission for any diagnosis within 30 days.</p> <p>Attestation In an effort to assess your organization's current initiatives around preventing readmission rates ACNs will also be required to complete a survey attestation. The attestation survey will be available in January and will be emailed to ACNs that meet the minimum membership requirement. The deadline to complete the attestation survey is June 1, 2018.</p> |
| Case definition | <p>For each eligible acute inpatient stay the member must be continuously enrolled 365 days prior to discharge with no more than one 45 day gap in medical coverage and also be continuously enrolled 30 days post discharge with no gaps in medical coverage.</p> <p>In the event of an acute-to-acute direct transfer, the discharge date from the direct transfer is used for measurement. A direct transfer is when the discharge date from one acute inpatient stay is one calendar day apart or less from the next.</p> <p>All eligible inpatient stays are assigned to the members PCP on the date of discharge.</p> <p>A lower rate is better</p> |
| Age criteria | 18 years and older on the date of discharge |
| Exclusionary criteria | <p>An acute inpatient stay is excluded from measurement if the first readmission within 30 days of discharge meets any of the following criteria:</p> <ul style="list-style-type: none"> • A primary diagnosis of maintenance chemotherapy • A primary diagnosis of rehabilitation • An organ transplant (kidney, bone marrow, etc.) • A potentially planned procedure without a primary acute diagnosis <p>Acute inpatient stays where the admission date is the same as the discharge date are excluded.</p> <p>An acute inpatient stay is also excluded for any of the following reasons:</p> <ul style="list-style-type: none"> • The member died during stay • The acute inpatient stay has a primary diagnosis of pregnancy • The acute inpatient stay has a primary diagnosis of a condition originating in the perinatal period |
| Numerator | Count of unique acute inpatient stays from the denominator with an unplanned acute readmission for any diagnosis within 30 days of a discharge. |
| Denominator | Count of unique acute inpatient stays with a discharge date on or between Dec. 1, 2017 and Nov. 30, 2018. |
| Level of measure | Contracted Accountable Care Network (ACN) |

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| Minimum members | ACNs with 10,000 or more unique members defined by product line as of Jan. 31, 2018 are eligible for this measure. |
| Applicable product lines | HMO/POS, ASO/PPO, Medicare and Medicaid |
| Method of measurement | Claims data processed by Feb. 28, 2019. |
| Provider data input | None |
| Target, improvement and shared savings | TBD |

Transformation of care

ED visits: PCP treatable care

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| Case definition | <p>Emergency department utilization of PCP treatable care as identified through ICD-10 coding. PCP treatable care is based on the NYU code set.</p> <p>Performance is measured in a PCP treatable ED rate per 1,000 members.</p> <p>A shared savings incentive will be provided to primary care practices that:</p> <ul style="list-style-type: none"> • Exceed (lower than) the product-specific target ED PCP treatable visits per thousand for the 50% shared savings, or • Experience improvement from year-end 2017 to year-end 2018 and have a year-end 2018 rate between the product-specific thresholds for the 25% shared savings. |
| Age criteria | All ages |
| Exclusionary criteria | ED visits resulting in an inpatient admission |
| Numerator | Number of PCP treatable ED visits with a PCP treatable defined primary diagnosis. |
| Denominator | Member months affiliated with an ACN |
| Level of measure | Accountable Care Network (ACN) |
| Minimum members | <p>A minimum of 12,000 annual member months at the ACN level in 2017.</p> <p>ACNs with fewer than 12,000 annual member months in 2017 who reach more than 12,000 annual member months in 2018, will only be eligible for the target measurement. No improvement criteria will apply.</p> |
| Applicable product lines | HMO/POS, Medicaid |
| Method of measurement | Claims data submitted by Feb. 28, 2019 |
| Calculation | $\frac{\text{PCP treatable ED visits} \times 12,000}{\text{Total member months}}$ |
| Target, improvement and shared savings | TBD – These targets will be available in June |

Transformation of care

Risk adjustment education

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| Identified measure | <p>The purpose of the risk adjustment incentive is to engage practices to improve coding and documentation of the full burden of illness for all encounters. The risk adjustment payment model developed by CMS (Centers for Medicare and Medicaid Services) utilizes Hierarchical Condition Categories (HCC), which are correlated to diagnoses codes, to appropriately code to the highest level of specificity. Developing this competency in the practice will help guide population health strategies and support success on performance measures that include a risk adjustment factor. This includes the current care management measure in the PIP program, as well as measures within CMS programs like Comprehensive Primary Care (CPC+) and Merit-Based Incentive Payment System (MIPS).</p> <p>To qualify for the incentive, practice sites must complete two components for the risk adjustment measure:</p> <ul style="list-style-type: none">• Component 1: Risk adjustment education – Complete an attestation survey or present a course certification of completion.• Component 2: Risk adjustment adoption – Demonstration of current HCC coding and documentation standards implemented within the practice group. <p>Education:</p> <p>The practice must demonstrate that they have a team member (e.g. biller, coder, practice manager, care manager, physician, APP, RN, LPN, MA, PA, etc.) who has received training or education on HCC coding and documenting the full burden of illness. Education options include:</p> <ul style="list-style-type: none">• Option 1: In-person training – We will offer an in-person training seminar in spring 2018. The network will be notified when the training seminar is scheduled. A course certificate of completion will be provided by Priority Health at the end of the training. Continuing Education Credits (CEU) may be offered.• Option 2: Pre-recorded webcast and survey attestation – We will offer a pre-recorded webcast that can be accessed on the provider portal in 2018. Multiple practice sites can view the pre-recorded webcast at one location at the same time. The attestation will include the option to attach a list of the individuals who participated in the training, their title or certification, the name of the practice facility, and the practice facility site ID. CEUs do not apply for pre-recorded events.• Option 3: Practice invested training – Practice groups may receive credit for the education component if they have invested in their own training through a vendor, a contracted resource or an HCC certification program. Training or education must include specific emphasis on the HCC methodology, as well as best practices for implementing HCC coding and documentation standards. Include the following information to meet this criteria:<ul style="list-style-type: none">• A list of individuals who participated in the training, their title or certification, the name of the practice facility and facility site ID.• Program description• Program content summary• Training resources and deliverables such as a slide deck, training packets or other program materials |
|---------------------------|---|

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| | <ul style="list-style-type: none"> • Option 4: Certified individuals – Practice groups may receive credit for the education component if they have individuals in the practice that have been trained in HCC coding and risk adjustment processes. Proof of certification must be submitted to fulfill the education component. Include with the documentation the following: <ul style="list-style-type: none"> • Practice group name • Practice facility site ID • Name of the individual that has been trained in HCC coding and risk adjustment process (e.g. CRC) <p>Practice adoption The practice must demonstrate the current HCC coding and documentation standards implemented in the workflow of the practice through an attestation survey. Criteria to be considered as part of the attestation include:</p> <ul style="list-style-type: none"> • Practice has disseminated risk adjustment education to the providers and it is being reiterated on a regular basis (e.g. monthly staff meeting minutes, email blasts or newsletters sent to the providers, etc.) • Written policies and procedures for risk adjustment processes (e.g. formal coder / physician query process, addendum procedures, best practices manual, etc.) • Identification of at least 3 HCCs to focus on improving the level of specificity in coding • Practice has the capability to submit at least 8 diagnosis codes on a claim. <p>The goal of the attestation is to highlight practice implemented workflow improvements to aid in accurate medical record documentation and coding to the highest level of specificity. In order to be considered for this incentive, all education/training materials and documentation that outlines practice adoption should be sent to PH-PartnersinPerformance@priorityhealth.com by a soon to be determined date.</p> <p>Practice groups will be notified if the education/training materials are not approved and can resubmit by Sept. 28, 2018. No extensions will be granted.</p> |
| Level of measure | Practice group |
| Minimum members | 1 per practice group |
| Applicable product line | HMO/POS, Medicare |
| Method of measurement | <ul style="list-style-type: none"> • Risk Adjustment Education and Training • Risk Adjustment Adoption |
| Payout: ACA individual | \$1.00 per member per month |
| Payout: Medicare | \$0.40 per member per month |
| Notes | <p>To receive incentive credit, practice groups must complete one of the following:</p> <ul style="list-style-type: none"> • Viewing of the webcast and completion of the attestation by Sept. 14, 2018. • Attend one of two in-person training seminars: Grand Rapids - May 21, 2018 Southfield - May 22, 2018 <p>Look for updated event information on priorityhealth.com Submit the training type and supporting documentation of practice invested training by date Sept. 14, 2018. The practice facility site ID is required with all submitted documentation. Subject to approval.</p> <p>Practices that are participating in the Advanced Health Assessment (AHA) program prior to June 1, 2018 will not be eligible for this measure.</p> |

Measure code sets

Cervical cancer screenings

| CPT | | | HCPCS | | UBREV |
|-------|-------|-------|-------|-------|-------|
| 88141 | 88150 | 88165 | G0123 | G0145 | 923 |
| 88142 | 88152 | 88166 | G0124 | G0147 | |
| 88143 | 88153 | 88167 | G0141 | G0148 | |
| 88147 | 88154 | 88174 | G0143 | P3000 | |
| 88148 | 88164 | 88175 | G0144 | P3001 | |
| | | | | Q0091 | |

HPV screening

| CPT | HCPCS |
|-------|-------|
| 87620 | G0476 |
| 87621 | |
| 87622 | |
| 87624 | |
| 87625 | |

Hysterectomy exclusion

| CPT | | ICD10CM | |
|-------|-------|---------|---------|
| 51925 | 58267 | 58570 | Q51.5 |
| 56308 | 58270 | 58571 | Z90.710 |
| 57540 | 58275 | 58572 | Z90.712 |
| 57545 | 58280 | 58573 | 0UTC0ZZ |
| 57550 | 58285 | 58951 | 0UTC4ZZ |
| 57555 | 58290 | 58953 | 0UTC7ZZ |
| 57556 | 58291 | 58954 | 0UTC8ZZ |
| 58150 | 58292 | 58956 | |
| 58152 | 58293 | 59135 | |
| 58200 | 58294 | | |
| 58210 | 58548 | | |
| 58240 | 58550 | | |
| 58260 | 58552 | | |
| 58262 | 58553 | | |
| 58263 | 58554 | | |

Measures codes for childhood immunizations

| DTaP | | IPV | | MMR | | |
|-------|-----|-------|-----|-------|-----|---------|
| CPT | CVX | CPT | CVX | CPT | CVX | ICD10CM |
| 90698 | 20 | 90698 | 10 | 90705 | 05 | B26.0 |
| 90700 | 50 | 90713 | 89 | 90707 | 03 | B26.1 |
| 90721 | 106 | 90723 | 110 | 90710 | 94 | B26.2 |
| 90723 | 107 | | 120 | 90708 | 04 | B26.3 |
| | 110 | | | 90704 | 07 | B26.81 |
| | 120 | | | 90706 | 06 | B26.82 |
| | | | | | | B26.83 |
| | | | | | | B26.84 |
| | | | | | | B26.85 |
| | | | | | | B26.89 |
| | | | | | | B26.9 |
| | | | | | | B06.00 |
| | | | | | | B06.01 |
| | | | | | | B06.02 |
| | | | | | | B06.09 |
| | | | | | | B06.81 |
| | | | | | | B06.82 |
| | | | | | | B06.89 |
| | | | | | | B06.9 |

| HIB | | HEP B | | HCPCS | ICD10CM |
|-------|-----|-------|-----|--------|---------|
| CPT | CVX | CPT | CVX | | |
| 90644 | 17 | 90723 | 08 | G0010 | B16.0 |
| 90645 | 46 | 90740 | 44 | | B16.1 |
| 90646 | 47 | 90744 | 51 | | B16.2 |
| 90647 | 48 | 90747 | 110 | | B16.9 |
| 90648 | 49 | 90748 | | | B17.0 |
| 90698 | 50 | | | | B18.0 |
| 90721 | 51 | | | | B18.1 |
| 90748 | 120 | | | | B19.10 |
| | 148 | | | B19.11 | |
| | | | | Z22.51 | |

| Varicella | | | | | |
|-----------|-----|---------|--------|--------|--------|
| CPT | CVX | ICD10CM | | | |
| 90710 | 21 | B01.0 | B01.89 | B02.22 | B02.31 |
| 90716 | 94 | B01.11 | B01.9 | B02.23 | B02.32 |
| | | B01.12 | B02.0 | B02.24 | B02.33 |
| | | B01.2 | B02.1 | B02.29 | B02.34 |
| | | B01.81 | B02.21 | B02.30 | B02.39 |

| Pneumococcal Conjugate | | |
|------------------------|-----|-------|
| CPT | CVX | HCPCS |
| 90669 | 100 | G0009 |
| 90670 | 152 | |

HIV

| ICD10CM |
|---------|
| B20 |
| Z21 |

HIV type 2

| ICD10CM |
|---------|
| B97.35 |

Severe combined immunodeficiency

| ICD10CM |
|---------|
| D81.0 |
| D81.1 |
| D81.2 |
| D81.9 |

Anaphylactic Reaction

| ICD10CM |
|----------|
| T80.52XA |
| T80.52XD |
| T80.52XS |

Encephalopathy

ICD10CM

G04.32

T50.A15A

T50.A15D

T50.A15S

Disorders of the Immune System

ICD10CM

| | | | |
|-------|--------|---------|---------|
| D80.0 | D81.2 | D82.9 | D89.811 |
| D80.1 | D81.4 | D83.0 | D89.812 |
| D80.2 | D81.6 | D83.1 | D89.813 |
| D80.3 | D81.7 | D83.2 | D89.82 |
| D80.4 | D81.89 | D83.8 | D89.89 |
| D80.5 | D81.9 | D83.9 | D89.9 |
| D80.6 | D82.0 | D84.0 | |
| D80.7 | D82.1 | D84.1 | |
| D80.8 | D82.2 | D84.8 | |
| D80.9 | D82.3 | D84.9 | |
| D81.0 | D82.4 | D89.3 | |
| D81.1 | D82.8 | D89.810 | |

HIV

ICD10CM

B20

Z21

HIV Type 2

ICD10CM

B97.35

Lymphoreticular cancer, multiple myeloma or leukemia

ICD10CM

| | | | | | |
|--------|--------|--------|--------|--------|--------|
| C81.00 | C82.12 | C83.04 | C84.16 | C85.28 | C92.30 |
| C81.01 | C82.13 | C83.05 | C84.17 | C85.29 | C92.31 |
| C81.02 | C82.14 | C83.06 | C84.18 | C85.80 | C92.32 |
| C81.03 | C82.15 | C83.07 | C84.19 | C85.81 | C92.40 |
| C81.04 | C82.16 | C83.08 | C84.40 | C85.82 | C92.41 |
| C81.05 | C82.17 | C83.09 | C84.41 | C85.83 | C92.42 |
| C81.06 | C82.18 | C83.10 | C84.42 | C85.84 | C92.50 |
| C81.07 | C82.19 | C83.11 | C84.43 | C85.85 | C92.51 |
| C81.08 | C82.20 | C83.12 | C84.44 | C85.86 | C92.52 |

| | | | | | |
|--------|--------|--------|--------|--------|--------|
| C81.09 | C82.21 | C83.13 | C84.45 | C85.87 | C92.60 |
| C81.10 | C82.22 | C83.14 | C84.46 | C85.88 | C92.61 |
| C81.11 | C82.23 | C83.15 | C84.47 | C85.89 | C92.62 |
| C81.12 | C82.24 | C83.16 | C84.48 | C85.90 | C92.90 |
| C81.13 | C82.25 | C83.17 | C84.49 | C85.91 | C92.91 |
| C81.14 | C82.26 | C83.18 | C84.60 | C85.92 | C92.92 |
| C81.15 | C82.27 | C83.19 | C84.61 | C85.93 | C92.A0 |
| C81.16 | C82.28 | C83.30 | C84.62 | C85.94 | C92.A1 |
| C81.17 | C82.29 | C83.31 | C84.63 | C85.95 | C92.A2 |
| C81.18 | C82.30 | C83.32 | C84.64 | C85.96 | C92.Z0 |
| C81.19 | C82.31 | C83.33 | C84.65 | C85.97 | C92.Z1 |
| C81.20 | C82.32 | C83.34 | C84.66 | C85.98 | C92.Z2 |
| C81.21 | C82.33 | C83.35 | C84.67 | C85.99 | C93.00 |
| C81.22 | C82.34 | C83.36 | C84.68 | C86.0 | C93.01 |
| C81.23 | C82.35 | C83.37 | C84.69 | C86.1 | C93.02 |
| C81.24 | C82.36 | C83.38 | C84.70 | C86.2 | C93.10 |
| C81.25 | C82.37 | C83.39 | C84.71 | C86.3 | C93.11 |
| C81.26 | C82.38 | C83.50 | C84.72 | C86.4 | C93.12 |
| C81.27 | C82.39 | C83.51 | C84.73 | C86.5 | C93.30 |
| C81.28 | C82.40 | C83.52 | C84.74 | C86.6 | C93.31 |
| C81.29 | C82.41 | C83.53 | C84.75 | C88.2 | C93.32 |
| C81.30 | C82.42 | C83.54 | C84.76 | C88.3 | C93.90 |
| C81.31 | C82.43 | C83.55 | C84.77 | C88.4 | C93.91 |
| C81.32 | C82.44 | C83.56 | C84.78 | C88.8 | C93.92 |
| C81.33 | C82.45 | C83.57 | C84.79 | C88.9 | C93.Z0 |
| C81.34 | C82.46 | C83.58 | C84.90 | C90.00 | C93.Z1 |
| C81.35 | C82.47 | C83.59 | C84.91 | C90.01 | C93.Z2 |
| C81.36 | C82.48 | C83.70 | C84.92 | C90.02 | C94.00 |
| C81.37 | C82.49 | C83.71 | C84.93 | C90.10 | C94.01 |
| C81.38 | C82.50 | C83.72 | C84.94 | C90.11 | C94.02 |
| C81.39 | C82.51 | C83.73 | C84.95 | C90.12 | C94.20 |
| C81.40 | C82.52 | C83.74 | C84.96 | C90.20 | C94.21 |
| C81.41 | C82.53 | C83.75 | C84.97 | C90.21 | C94.22 |
| C81.42 | C82.54 | C83.76 | C84.98 | C90.22 | C94.30 |
| C81.43 | C82.55 | C83.77 | C84.99 | C90.30 | C94.31 |
| C81.44 | C82.56 | C83.78 | C84.A0 | C90.31 | C94.32 |
| C81.45 | C82.57 | C83.79 | C84.A1 | C90.32 | C94.80 |
| C81.46 | C82.58 | C83.80 | C84.A2 | C91.00 | C94.81 |
| C81.47 | C82.59 | C83.81 | C84.A3 | C91.01 | C94.82 |
| C81.48 | C82.60 | C83.82 | C84.A4 | C91.02 | C95.00 |
| C81.49 | C82.61 | C83.83 | C84.A5 | C91.10 | C95.01 |

| | | | | | |
|--------|--------|--------|--------|--------|--------|
| C81.70 | C82.62 | C83.84 | C84.A6 | C91.11 | C95.02 |
| C81.71 | C82.63 | C83.85 | C84.A7 | C91.12 | C95.10 |
| C81.72 | C82.64 | C83.86 | C84.A8 | C91.30 | C95.11 |
| C81.73 | C82.65 | C83.87 | C84.A9 | C91.31 | C95.12 |
| C81.74 | C82.66 | C83.88 | C84.Z0 | C91.32 | C95.90 |
| C81.75 | C82.67 | C83.89 | C84.Z1 | C91.40 | C95.91 |
| C81.76 | C82.68 | C83.90 | C84.Z2 | C91.41 | C95.92 |
| C81.77 | C82.69 | C83.91 | C84.Z3 | C91.42 | C96.0 |
| C81.78 | C82.80 | C83.92 | C84.Z4 | C91.50 | C96.2 |
| C81.79 | C82.81 | C83.93 | C84.Z5 | C91.51 | C96.4 |
| C81.90 | C82.82 | C83.94 | C84.Z6 | C91.52 | C96.9 |
| C81.91 | C82.83 | C83.95 | C84.Z7 | C91.60 | C96.A |
| C81.92 | C82.84 | C83.96 | C84.Z8 | C91.61 | C96.Z |
| C81.93 | C82.85 | C83.97 | C84.Z9 | C91.62 | |
| C81.94 | C82.86 | C83.98 | C85.10 | C91.90 | |
| C81.95 | C82.87 | C83.99 | C85.11 | C91.91 | |
| C81.96 | C82.88 | C84.00 | C85.12 | C91.92 | |
| C81.97 | C82.89 | C84.01 | C85.13 | C91.A0 | |
| C81.98 | C82.90 | C84.02 | C85.14 | C91.A1 | |
| C81.99 | C82.91 | C84.03 | C85.15 | C91.A2 | |
| C82.00 | C82.92 | C84.04 | C85.16 | C91.Z0 | |
| C82.01 | C82.93 | C84.05 | C85.17 | C91.Z1 | |
| C82.02 | C82.94 | C84.06 | C85.18 | C91.Z2 | |
| C82.03 | C82.95 | C84.07 | C85.19 | C92.00 | |
| C82.04 | C82.96 | C84.08 | C85.20 | C92.01 | |
| C82.05 | C82.97 | C84.09 | C85.21 | C92.02 | |
| C82.06 | C82.98 | C84.10 | C85.22 | C92.10 | |
| C82.07 | C82.99 | C84.11 | C85.23 | C92.11 | |
| C82.08 | C83.00 | C84.12 | C85.24 | C92.12 | |
| C82.09 | C83.01 | C84.13 | C85.25 | C92.20 | |
| C82.10 | C83.02 | C84.14 | C85.26 | C92.21 | |
| C82.11 | C83.03 | C84.15 | C85.27 | C92.22 | |

Measure codes for adolescent immunizations

| Meningococcal | | Tdap | | HPV | |
|---------------|-----|-------|-----|-------|-----|
| CPT | CVX | CPT | CVX | CPT | CVX |
| 90734 | 108 | 90715 | 115 | 90649 | 62 |
| | 136 | | | 90650 | 118 |
| | 147 | | | 90651 | 137 |
| | | | | | 165 |

Measure codes for well-child visits

| CPT | HCPCS | ICD10CM | |
|-------|-------|---------|--------|
| 99381 | G0438 | Z00.00 | Z02.3 |
| 99382 | G0439 | Z00.01 | Z02.4 |
| 99383 | | Z00.110 | Z02.5 |
| 99384 | | Z00.111 | Z02.6 |
| 99385 | | Z00.121 | Z02.71 |
| 99391 | | Z00.129 | Z02.79 |
| 99392 | | Z00.5 | Z02.81 |
| 99393 | | Z00.8 | Z02.82 |
| 99394 | | Z02.0 | Z02.83 |
| 99395 | | Z02.1 | Z02.89 |
| 99461 | | Z02.2 | Z02.9 |

Measure codes for chlamydia screening

| CPT | |
|-------|-------|
| 87110 | 87491 |
| 87270 | 87492 |
| 87320 | 87810 |
| 87490 | |

Sexually active women

| CPT | | | | | HCPCS | UBREV |
|-------|-------|-------|-------|-------|-------|-------|
| 11976 | 59150 | 59841 | 80055 | 87624 | G0101 | 0112 |
| 57022 | 59151 | 59850 | 80081 | 87625 | G0123 | 0122 |
| 57170 | 59160 | 59851 | 82105 | 87660 | G0124 | 0132 |
| 58300 | 59200 | 59852 | 82106 | 87661 | G0141 | 0142 |
| 58301 | 59300 | 59855 | 82143 | 87808 | G0143 | 0152 |
| 58600 | 59320 | 59856 | 82731 | 87810 | G0144 | 0720 |
| 58605 | 59325 | 59857 | 83632 | 87850 | G0145 | 0721 |
| 58615 | 59350 | 59866 | 83661 | 88141 | G0147 | 0722 |
| 58970 | 59400 | 59870 | 83662 | 88142 | G0148 | 0724 |
| 58974 | 59409 | 59871 | 83663 | 88143 | G0475 | 0729 |
| 58976 | 59410 | 59897 | 83664 | 88147 | G0476 | 0923 |
| 59000 | 59412 | 59898 | 84163 | 88148 | H1000 | |
| 59001 | 59414 | 59899 | 84704 | 88150 | H1001 | |
| 59012 | 59425 | 76801 | 86592 | 88152 | H1003 | |
| 59015 | 59426 | 76805 | 86593 | 88153 | H1004 | |
| 59020 | 59430 | 76811 | 86631 | 88154 | H1005 | |

Sexually active women

| CPT | | | | HCPCS | |
|-------|-------|-------|-------|-------|-------|
| 59025 | 59510 | 76813 | 86632 | 88164 | P3000 |
| 59030 | 59514 | 76815 | 87110 | 88165 | P3001 |
| 59050 | 59515 | 76816 | 87164 | 88166 | Q0091 |
| 59051 | 59525 | 76817 | 87166 | 88167 | S0199 |
| 59070 | 59610 | 76818 | 87270 | 88174 | S4981 |
| 59072 | 59612 | 76819 | 87320 | 88175 | S8055 |
| 59074 | 59614 | 76820 | 87490 | 88235 | |
| 59076 | 59618 | 76821 | 87491 | 88267 | |
| 59100 | 59620 | 76825 | 87492 | 88269 | |
| 59120 | 59622 | 76826 | 87590 | | |
| 59121 | 59812 | 76827 | 87591 | | |
| 59130 | 59820 | 76828 | 87592 | | |
| 59135 | 59821 | 76941 | 87620 | | |
| 59136 | 59830 | 76945 | 87621 | | |
| 59140 | 59840 | 76946 | 87622 | | |

Sexually active women**ICD10CM**

| | | | | | | |
|--------|--------|--------|----------|---------|--------|--------|
| A34 | A52.77 | A56.11 | N71.1 | Z30.011 | Z32.2 | Z3A.08 |
| A51.0 | A52.78 | A56.19 | N71.9 | Z30.012 | Z32.3 | Z3A.09 |
| A51.1 | A52.79 | A56.2 | N93.0 | Z30.013 | Z33.1 | Z3A.10 |
| A51.2 | A52.8 | A56.3 | N94.1 | Z30.014 | Z33.2 | Z3A.11 |
| A51.31 | A52.9 | A56.4 | N96 | Z30.018 | Z34.00 | Z3A.12 |
| A51.32 | A53.0 | A56.8 | N97.0 | Z30.019 | Z34.01 | Z3A.13 |
| A51.39 | A53.9 | A57 | N97.1 | Z30.02 | Z34.02 | Z3A.14 |
| A51.41 | A54.00 | A58 | N97.2 | Z30.09 | Z34.03 | Z3A.15 |
| A51.42 | A54.01 | A59.00 | N97.8 | Z30.2 | Z34.80 | Z3A.16 |
| A51.43 | A54.02 | A59.01 | N97.9 | Z30.40 | Z34.81 | Z3A.17 |
| A51.44 | A54.03 | A59.03 | O94 | Z30.41 | Z34.82 | Z3A.18 |
| A51.45 | A54.09 | A59.09 | T38.4X1A | Z30.42 | Z34.83 | Z3A.19 |
| A51.46 | A54.1 | A59.8 | T38.4X1D | Z30.430 | Z34.90 | Z3A.20 |
| A51.49 | A54.21 | A59.9 | T38.4X1S | Z30.431 | Z34.91 | Z3A.21 |
| A51.5 | A54.24 | A60.00 | T38.4X2A | Z30.432 | Z34.92 | Z3A.22 |
| A51.9 | A54.29 | A60.03 | T38.4X2D | Z30.433 | Z34.93 | Z3A.23 |
| A52.00 | A54.30 | A60.04 | T38.4X2S | Z30.49 | Z36 | Z3A.24 |
| A52.01 | A54.31 | A60.09 | T38.4X3A | Z30.8 | Z37.0 | Z3A.25 |
| A52.02 | A54.32 | A60.1 | T38.4X3D | Z30.9 | Z37.1 | Z3A.26 |

Sexually active women

| ICD10CM | | | | | | |
|---------|--------|--------|----------|---------|--------|--------|
| A52.03 | A54.33 | A60.9 | T38.4X3S | Z31.0 | Z37.2 | Z3A.27 |
| A52.04 | A54.39 | A63.0 | T38.4X4A | Z31.41 | Z37.3 | Z3A.28 |
| A52.05 | A54.40 | A63.8 | T38.4X4D | Z31.42 | Z37.4 | Z3A.29 |
| A52.06 | A54.41 | A64 | T38.4X4S | Z31.430 | Z37.50 | Z3A.30 |
| A52.09 | A54.42 | B20 | T38.4X5A | Z31.438 | Z37.51 | Z3A.31 |
| A52.10 | A54.43 | B97.33 | T38.4X5D | Z31.440 | Z37.52 | Z3A.32 |
| A52.11 | A54.49 | B97.34 | T38.4X5S | Z31.441 | Z37.53 | Z3A.33 |
| A52.12 | A54.5 | B97.35 | T38.4X6A | Z31.448 | Z37.54 | Z3A.34 |
| A52.13 | A54.6 | B97.7 | T38.4X6D | Z31.49 | Z37.59 | Z3A.35 |
| A52.14 | A54.81 | F52.6 | T38.4X6S | Z31.5 | Z37.60 | Z3A.36 |
| A52.15 | A54.82 | F53 | T83.31XA | Z31.61 | Z37.61 | Z3A.37 |
| A52.16 | A54.83 | G44.82 | T83.31XD | Z31.62 | Z37.62 | Z3A.38 |
| A52.17 | A54.84 | N70.01 | T83.31XS | Z31.69 | Z37.63 | Z3A.39 |
| A52.19 | A54.85 | N70.02 | T83.32XA | Z31.81 | Z37.64 | Z3A.40 |
| A52.2 | A54.86 | N70.03 | T83.32XD | Z31.82 | Z37.69 | Z3A.41 |
| A52.3 | A54.89 | N70.11 | T83.32XS | Z31.83 | Z37.7 | Z3A.42 |
| A52.71 | A54.9 | N70.12 | T83.39XA | Z31.84 | Z37.9 | Z3A.49 |
| A52.72 | A55 | N70.13 | T83.39XD | Z31.89 | Z39.0 | Z64.0 |
| A52.73 | A56.00 | N70.91 | T83.39XS | Z31.9 | Z39.1 | Z64.1 |
| A52.74 | A56.01 | N70.92 | Z20.2 | Z32.00 | Z39.2 | Z72.51 |
| A52.75 | A56.02 | N70.93 | Z21 | Z32.01 | Z3A.00 | Z72.52 |
| A52.76 | A56.09 | N71.0 | Z22.4 | Z32.02 | Z3A.01 | Z72.53 |
| Z79.3 | | | | | | |
| Z92.0 | | | | | | |
| Z97.5 | | | | | | |
| Z98.51 | | | | | | |

Pregnancy test (when billed with diagnostic radiology)

| CPT | UBREV |
|-------|-------|
| 81025 | 925 |
| 84702 | |
| 84703 | |

Diagnostic radiology

| CPT | UBREV | | |
|-------------|-------|-----|-----|
| 70010-76499 | 320 | 322 | 324 |
| | 321 | 323 | 329 |

Contraceptive Medications

| Description | Prescription |
|----------------|--|
| Contraceptives | Desogestrel-ethinyl estradiol |
| | Dienogest-estradiol multiphasic |
| | Drospirenone-ethinyl estradiol |
| | Drospirenone-ethinyl estradiol-levomefolate biphasic |
| | Ethinyl estradiol-ethynodiol |
| | Ethinyl estradiol-etonogestrel |
| | Ethinyl estradiol-levonorgestrel |
| | Ethinyl estradiol-norelgestromin |
| | Ethinyl estradiol-norgestrel |
| | Etonogestrel |
| | Levonorgestrel |
| | Medroxyprogesterone |
| | Mestranol-norethindrone |
| | Norethindrone |
| Diaphragm | Diaphragm |
| Spermicide | Nonyl 9 |

Exclusion for prescription retinoid (Isotretinoin) identified by National Drug Code

Oral contraceptive prescriptions to determine sexual activity identified by National Drug Code

Measure code for lead screening in children

Lead test

CPT

83655

Measure codes for adult BMI

Z68.51 - Z68.54 - for members 20 and younger

Z68.1 – Z68.45 for members 21-74

E66.1 & E66.2

Measure codes for colorectal cancer screening

Colonoscopy

| CPT | | | | HCPCS |
|-------|-------|-------|-------|-------|
| 44388 | 44403 | 45381 | 45391 | G0105 |
| 44389 | 44404 | 45382 | 45392 | G0121 |
| 44390 | 44405 | 45383 | 45393 | |
| 44391 | 44406 | 45384 | 45398 | |
| 44392 | 44407 | 45385 | | |
| 44393 | 44408 | 45386 | | |
| 44394 | 45355 | 45387 | | |
| 44397 | 45378 | 45388 | | |
| 44401 | 45379 | 45389 | | |
| 44402 | 45380 | 45390 | | |

Fecal occult blood test (FOBT)

| CPT | HCPCS |
|-------|-------|
| 82270 | G0328 |
| 82274 | |

Flexible sigmoidoscopy

| CPT | | | | HCPCS |
|-------|-------|-------|-------|-------|
| 45330 | 45334 | 45339 | 45345 | G0104 |
| 45331 | 45335 | 45340 | 45346 | |
| 45332 | 45337 | 45341 | 45347 | |
| 45333 | 45338 | 45342 | 45349 | |
| | | | 45350 | |

Colorectal cancer

| HCPCS | ICD10CM | | |
|-------|---------|-------|---------|
| G0213 | C18.0 | C18.7 | C78.5 |
| G0214 | C18.1 | C18.8 | Z85.038 |
| G0215 | C18.2 | C18.9 | Z85.048 |
| G0231 | C18.3 | C19 | |
| | C18.4 | C20 | |
| | C18.5 | C21.2 | |
| | C18.6 | C21.8 | |

Total colectomy

| CPT | ICD10PCS |
|-------|----------|
| 44150 | 0DTE0ZZ |
| 44151 | 0DTE4ZZ |
| 44152 | 0DTE7ZZ |
| 44153 | 0DTE8ZZ |
| 44155 | |
| 44156 | |
| 44157 | |
| 44158 | |
| 44210 | |
| 44211 | |
| 44212 | |

CT colonography

| CPT |
|-------|
| 74261 |
| 74262 |
| 74263 |

FIT-DNA (Cologuard)

| CPT | HCPCS |
|-------|-------|
| 81528 | G0464 |

Measure codes for diabetes care measures

Diabetes

| ICD-10CM | | | | | |
|----------|----------|----------|----------|----------|----------|
| E10.10 | E10.3393 | E10.3541 | E10.51 | E11.3211 | E11.3491 |
| E10.11 | E10.3399 | E10.3542 | E10.52 | E11.3212 | E11.3492 |
| E10.21 | E10.341 | E10.3543 | E10.59 | E11.3213 | E11.3493 |
| E10.22 | E10.3411 | E10.3549 | E10.610 | E11.3219 | E11.3499 |
| E10.29 | E10.3412 | E10.3551 | E10.618 | E11.329 | E11.351 |
| E10.311 | E10.3413 | E10.3552 | E10.620 | E11.3291 | E11.3511 |
| E10.319 | E10.3419 | E10.3553 | E10.621 | E11.3292 | E11.3512 |
| E10.321 | E10.349 | E10.3559 | E10.622 | E11.3293 | E11.3513 |
| E10.3211 | E10.3491 | E10.359 | E10.628 | E11.3299 | E11.3519 |
| E10.3212 | E10.3492 | E10.3591 | E10.630 | E11.331 | E11.3521 |
| E10.3213 | E10.3493 | E10.3592 | E10.638 | E11.3311 | E11.3522 |
| E10.3219 | E10.3499 | E10.3593 | E10.641 | E11.3312 | E11.3523 |
| E10.329 | E10.351 | E10.3599 | E10.649 | E11.3313 | E11.3529 |
| E10.3291 | E10.3511 | E10.36 | E10.65 | E11.3319 | E11.3531 |
| E10.3292 | E10.3512 | E10.37X1 | E10.69 | E11.339 | E11.3532 |
| E10.3293 | E10.3513 | E10.37X2 | E10.8 | E11.3391 | E11.3533 |
| E10.3299 | E10.3519 | E10.37X3 | E10.9 | E11.3392 | E11.3539 |
| E10.331 | E10.3521 | E10.37X9 | E11.00 | E11.3393 | E11.3541 |
| E10.3311 | E10.3522 | E10.39 | E11.01 | E11.3399 | E11.3542 |
| E10.3312 | E10.3523 | E10.40 | E11.21 | E11.341 | E11.3543 |
| E10.3313 | E10.3529 | E10.41 | E11.22 | E11.3411 | E11.3549 |
| E10.3319 | E10.3531 | E10.42 | E11.29 | E11.3412 | E11.3551 |
| E10.339 | E10.3532 | E10.43 | E11.311 | E11.3413 | E11.3552 |
| E10.3391 | E10.3533 | E10.44 | E11.319 | E11.3419 | E11.3553 |
| E10.3392 | E10.3539 | E10.49 | E11.321 | E11.349 | E11.3559 |
| E11.359 | E11.628 | E13.3292 | E13.3512 | E13.37X1 | E13.69 |
| E11.3591 | E11.630 | E13.3293 | E13.3513 | E13.37X2 | E13.8 |
| E11.3592 | E11.638 | E13.3299 | E13.3519 | E13.37X3 | E13.9 |
| E11.3593 | E11.641 | E13.331 | E13.3521 | E13.37X9 | O24.011 |
| E11.3599 | E11.649 | E13.3311 | E13.3522 | E13.39 | O24.012 |
| E11.36 | E11.65 | E13.3312 | E13.3523 | E13.40 | O24.013 |
| E11.37X1 | E11.69 | E13.3313 | E13.3529 | E13.41 | O24.019 |
| E11.37X2 | E11.8 | E13.3319 | E13.3531 | E13.42 | O24.02 |
| E11.37X3 | E11.9 | E13.339 | E13.3532 | E13.43 | O24.03 |
| E11.37X9 | E13.00 | E13.3391 | E13.3533 | E13.44 | O24.111 |
| E11.39 | E13.01 | E13.3392 | E13.3539 | E13.49 | O24.112 |
| E11.40 | E13.10 | E13.3393 | E13.3541 | E13.51 | O24.113 |
| E11.41 | E13.11 | E13.3399 | E13.3542 | E13.52 | O24.119 |

| | | | | | |
|---------|----------|----------|----------|---------|---------|
| E11.42 | E13.21 | E13.341 | E13.3543 | E13.59 | O24.12 |
| E11.43 | E13.22 | E13.3411 | E13.3549 | E13.610 | O24.13 |
| E11.44 | E13.29 | E13.3412 | E13.3551 | E13.618 | O24.311 |
| E11.49 | E13.311 | E13.3413 | E13.3552 | E13.620 | O24.312 |
| E11.51 | E13.319 | E13.3419 | E13.3553 | E13.621 | O24.313 |
| E11.52 | E13.321 | E13.349 | E13.3559 | E13.622 | O24.319 |
| E11.59 | E13.3211 | E13.3491 | E13.359 | E13.628 | O24.32 |
| E11.610 | E13.3212 | E13.3492 | E13.3591 | E13.630 | O24.33 |
| E11.618 | E13.3213 | E13.3493 | E13.3592 | E13.638 | O24.811 |
| E11.620 | E13.3219 | E13.3499 | E13.3593 | E13.641 | O24.812 |
| E11.621 | E13.329 | E13.351 | E13.3599 | E13.649 | O24.813 |
| E11.622 | E13.3291 | E13.3511 | E13.36 | E13.65 | O24.819 |

HbA1C lab codes

| CPT | |
|-------|-------|
| 83036 | 3044F |
| 83037 | 3045F |
| | 3046F |

Diabetes care: HbA1c less than 7.0% - CABG exclusion

| CPT | HCPCS | ICD10PCS | | | |
|-------|-------|----------|---------|---------|---------|
| 33510 | S2205 | 0210093 | 02100Z8 | 02120A8 | 02130JC |
| 33511 | S2206 | 0210098 | 02100Z9 | 02120A9 | 02130JF |
| 33512 | S2207 | 0210099 | 02100ZC | 02120AC | 02130JW |
| 33513 | S2208 | 0211093 | 02100ZF | 02120AF | 02130K3 |
| 33514 | S2209 | 0211098 | 021109C | 02120AW | 02130K8 |
| 33516 | | 0211099 | 021109F | 02120J3 | 02130K9 |
| 33517 | | 0212093 | 021109W | 02120J8 | 02130KC |
| 33518 | | 0212098 | 02110A3 | 02120J9 | 02130KF |
| 33519 | | 0212099 | 02110A8 | 02120JC | 02130KW |
| 33521 | | 0213093 | 02110A9 | 02120JF | 02130Z3 |
| 33522 | | 0213098 | 02110AC | 02120JW | 02130Z8 |
| 33523 | | 0213099 | 02110AF | 02120K3 | 02130Z9 |
| 33533 | | 021009C | 02110AW | 02120K8 | 02130ZC |
| 33534 | | 021009F | 02110J3 | 02120K9 | 02130ZF |
| 33535 | | 021009W | 02110J8 | 02120KC | |
| 33536 | | 02100A3 | 02110J9 | 02120KF | |
| | | 02100A8 | 02110JC | 02120KW | |
| | | 02100A9 | 02110JF | 02120Z3 | |
| | | 02100AC | 02110JW | 02120Z8 | |
| | | 02100AF | 02110K3 | 02120Z9 | |
| | | 02100AW | 02110K8 | 02120ZC | |
| | | 02100J3 | 02110K9 | 02120ZF | |
| | | 02100J8 | 02110KC | 021309C | |
| | | 02100J9 | 02110KF | 021309F | |
| | | 02100JC | 02110KW | 021309W | |
| | | 02100JF | 02110Z3 | 02130A3 | |
| | | 02100JW | 02110Z8 | 02130A8 | |
| | | 02100K3 | 02110Z9 | 02130A9 | |
| | | 02100K8 | 02110ZC | 02130AC | |
| | | 02100K9 | 02110ZF | 02130AF | |
| | | 02100KC | 021209C | 02130AW | |
| | | 02100KF | 021209F | 02130J3 | |
| | | 02100KW | 021209W | 02130J8 | |
| | | 02100Z3 | 02120A3 | 02130J9 | |

Diabetes care: HbA1c less than 7.0% - PCI exclusion

| CPT | HCPCS | ICD10PCS | | | | |
|-------|-------|----------|---------|---------|---------|---------|
| 92920 | C9600 | 0270346 | 02703Z6 | 02713TZ | 02723T6 | 02733DZ |
| 92924 | C9602 | 0270446 | 02703ZZ | 02713Z6 | 02723TZ | 02733T6 |
| 92928 | C9604 | 0271346 | 027044Z | 02713ZZ | 02723Z6 | 02733TZ |
| 92933 | C9606 | 0271446 | 02704D6 | 027144Z | 02723ZZ | 02733Z6 |
| 92937 | C9607 | 0272346 | 02704DZ | 02714D6 | 027244Z | 02733ZZ |
| 92941 | | 0272446 | 02704T6 | 02714DZ | 02724D6 | 027344Z |
| 92943 | | 0273346 | 02704TZ | 02714T6 | 02724DZ | 02734D6 |
| 92980 | | 0273446 | 02704Z6 | 02714TZ | 02724T6 | 02734DZ |
| 92982 | | 027034Z | 02704ZZ | 02714Z6 | 02724TZ | 02734T6 |
| 92995 | | 02703D6 | 027134Z | 02714ZZ | 02724Z6 | 02734TZ |
| | | 02703DZ | 02713D6 | 027234Z | 02724ZZ | 02734Z6 |
| | | 02703T6 | 02713DZ | 02723D6 | 027334Z | 02734ZZ |
| | | 02703TZ | 02713T6 | 02723DZ | 02733D6 | |

Diabetes care: Controlled HbA1c less than 7.0% - IVD exclusion

| ICD10CM | | | | | | |
|---------|---------|---------|---------|---------|---------|----------|
| I20.0 | I63.20 | I66.09 | I70.328 | I70.502 | I70.65 | I75.013 |
| I20.8 | I63.211 | I66.11 | I70.329 | I70.503 | I70.661 | I75.019 |
| I20.9 | I63.212 | I66.12 | I70.331 | I70.508 | I70.662 | I75.021 |
| I24.0 | I63.219 | I66.13 | I70.332 | I70.509 | I70.663 | I75.022 |
| I24.1 | I63.22 | I66.19 | I70.333 | I70.511 | I70.668 | I75.023 |
| I24.8 | I63.231 | I66.21 | I70.334 | I70.512 | I70.669 | I75.029 |
| I24.9 | I63.232 | I66.22 | I70.335 | I70.513 | I70.691 | I75.81 |
| I25.10 | I63.239 | I66.23 | I70.338 | I70.518 | I70.692 | I75.89 |
| I25.110 | I63.29 | I66.29 | I70.339 | I70.519 | I70.693 | T82.855A |
| I25.111 | I63.30 | I66.3 | I70.341 | I70.521 | I70.698 | T82.855D |
| I25.118 | I63.311 | I66.8 | I70.342 | I70.522 | I70.699 | T82.855S |
| I25.119 | I63.312 | I66.9 | I70.343 | I70.523 | I70.701 | T82.856A |
| I25.5 | I63.319 | I67.2 | I70.344 | I70.528 | I70.702 | T82.856D |
| I25.6 | I63.321 | I70.0 | I70.345 | I70.529 | I70.703 | |
| I25.700 | I63.322 | I70.1 | I70.348 | I70.531 | I70.708 | |
| I25.701 | I63.329 | I70.201 | I70.349 | I70.532 | I70.709 | |
| I25.708 | I63.331 | I70.202 | I70.35 | I70.533 | I70.711 | |
| I25.709 | I63.332 | I70.203 | I70.361 | I70.534 | I70.712 | |
| I25.710 | I63.339 | I70.208 | I70.362 | I70.535 | I70.713 | |
| I25.711 | I63.341 | I70.209 | I70.363 | I70.538 | I70.718 | |
| I25.718 | I63.342 | I70.211 | I70.368 | I70.539 | I70.719 | |
| I25.719 | I63.349 | I70.212 | I70.369 | I70.541 | I70.721 | |
| I25.720 | I63.39 | I70.213 | I70.391 | I70.542 | I70.722 | |

Diabetes care: Controlled HbA1c less than 7.0% - IVD exclusion

| ICD10CM | | | | | |
|---------|---------|---------|---------|---------|---------|
| I25.721 | I63.40 | I70.218 | I70.392 | I70.543 | I70.723 |
| I25.728 | I63.411 | I70.219 | I70.393 | I70.544 | I70.728 |
| I25.729 | I63.412 | I70.221 | I70.398 | I70.545 | I70.729 |
| I25.730 | I63.419 | I70.222 | I70.399 | I70.548 | I70.731 |
| I25.731 | I63.421 | I70.223 | I70.401 | I70.549 | I70.732 |
| I25.738 | I63.422 | I70.228 | I70.402 | I70.55 | I70.733 |
| I25.739 | I63.429 | I70.229 | I70.403 | I70.561 | I70.734 |
| I25.750 | I63.431 | I70.231 | I70.408 | I70.562 | I70.735 |
| I25.751 | I63.432 | I70.232 | I70.409 | I70.563 | I70.738 |
| I25.758 | I63.439 | I70.233 | I70.411 | I70.568 | I70.739 |
| I25.759 | I63.441 | I70.234 | I70.412 | I70.569 | I70.741 |
| I25.760 | I63.442 | I70.235 | I70.413 | I70.591 | I70.742 |
| I25.761 | I63.449 | I70.238 | I70.418 | I70.592 | I70.743 |
| I25.768 | I63.49 | I70.239 | I70.419 | I70.593 | I70.744 |
| I25.769 | I63.50 | I70.241 | I70.421 | I70.598 | I70.745 |
| I25.790 | I63.511 | I70.242 | I70.422 | I70.599 | I70.748 |
| I25.791 | I63.512 | I70.243 | I70.423 | I70.601 | I70.749 |
| I25.798 | I63.519 | I70.244 | I70.428 | I70.602 | I70.75 |
| I25.799 | I63.521 | I70.245 | I70.429 | I70.603 | I70.761 |
| I25.810 | I63.522 | I70.248 | I70.431 | I70.608 | I70.762 |
| I25.811 | I63.529 | I70.249 | I70.432 | I70.609 | I70.763 |
| I25.812 | I63.531 | I70.25 | I70.433 | I70.611 | I70.768 |
| I25.82 | I63.532 | I70.261 | I70.434 | I70.612 | I70.769 |
| I25.83 | I63.539 | I70.262 | I70.435 | I70.613 | I70.791 |
| I25.84 | I63.541 | I70.263 | I70.438 | I70.618 | I70.792 |
| I25.89 | I63.542 | I70.268 | I70.439 | I70.619 | I70.793 |
| I25.9 | I63.549 | I70.269 | I70.441 | I70.621 | I70.798 |
| I63.00 | I63.59 | I70.291 | I70.442 | I70.622 | I70.799 |
| I63.011 | I63.6 | I70.292 | I70.443 | I70.623 | I70.8 |
| I63.012 | I63.8 | I70.293 | I70.444 | I70.628 | I70.90 |
| I63.019 | I63.9 | I70.298 | I70.445 | I70.629 | I70.91 |
| I63.02 | I65.01 | I70.299 | I70.448 | I70.631 | I70.92 |
| I63.031 | I65.02 | I70.301 | I70.449 | I70.632 | I74.01 |
| I63.032 | I65.03 | I70.302 | I70.45 | I70.633 | I74.09 |
| I63.039 | I65.09 | I70.303 | I70.461 | I70.634 | I74.10 |
| I63.09 | I65.1 | I70.308 | I70.462 | I70.635 | I74.11 |
| I63.10 | I65.21 | I70.309 | I70.463 | I70.638 | I74.19 |
| I63.111 | I65.22 | I70.311 | I70.468 | I70.639 | I74.2 |

Diabetes care: Controlled HbA1c less than 7.0% - IVD exclusion

| ICD10CM | | | | | |
|---------|--------|---------|---------|---------|---------|
| I63.112 | I65.23 | I70.312 | I70.469 | I70.641 | I74.3 |
| I63.119 | I65.29 | I70.313 | I70.491 | I70.642 | I74.4 |
| I63.12 | I65.8 | I70.318 | I70.492 | I70.643 | I74.5 |
| I63.131 | I65.9 | I70.319 | I70.493 | I70.644 | I74.8 |
| I63.132 | I66.01 | I70.321 | I70.498 | I70.645 | I74.9 |
| I63.139 | I66.02 | I70.322 | I70.499 | I70.648 | I75.011 |
| I63.19 | I66.03 | I70.323 | I70.501 | I70.649 | I75.012 |

Diabetes care: Controlled HbA1c less than 7.0% - thoracic aortic aneurysm exclusion

| ICD10CM |
|---------|
| I71.01 |
| I71.03 |
| I71.1 |
| I71.2 |
| I71.5 |
| I71.6 |

Diabetes care: Controlled HbA1c less than 7.0% - CHF exclusion

| ICD10CM | | | |
|---------|--------|--------|-------|
| I42.0 | I42.8 | I50.30 | I50.9 |
| I42.1 | I42.9 | I50.31 | |
| I42.2 | I43 | I50.32 | |
| I42.3 | I50.1 | I50.33 | |
| I42.4 | I50.20 | I50.40 | |
| I42.5 | I50.21 | I50.41 | |
| I42.6 | I50.22 | I50.42 | |
| I42.7 | I50.23 | I50.43 | |

Diabetes care: Controlled HbA1c less than 7.0% - Prior myocardial infarction exclusion

| ICD-10CM | | |
|----------|-------|-------|
| I21.01 | I21.4 | I23.2 |
| I21.02 | I22.0 | I23.3 |
| I21.09 | I22.1 | I23.4 |
| I21.11 | I22.2 | I23.5 |
| I21.19 | I22.8 | I23.6 |
| I21.21 | I22.9 | I23.7 |
| I21.29 | I23.0 | I23.8 |
| I21.3 | I23.1 | I25.2 |

Diabetes care: Controlled HbA1c less than 7.0% - blindness exclusion

| ICD10CM | |
|---------|--------|
| H54.0 | H54.41 |
| H54.10 | H54.42 |
| H54.11 | H54.50 |
| H54.12 | H54.51 |
| H54.2 | H54.52 |
| H54.40 | H54.8 |

Diabetes care: Controlled HbA1c less than 7.0% - lower extremity amputation exclusion

| CPT | ICD10CM | ICD10PCS | | | |
|-------|---------|----------|---------|---------|---------|
| 27290 | Z89.411 | 0Y620ZZ | 0Y6M0Z8 | 0Y6Q0Z3 | 0Y6W0Z3 |
| 27295 | Z89.412 | 0Y630ZZ | 0Y6M0Z9 | 0Y6R0Z0 | 0Y6X0Z0 |
| 27590 | Z89.419 | 0Y640ZZ | 0Y6M0ZB | 0Y6R0Z1 | 0Y6X0Z1 |
| 27591 | Z89.421 | 0Y670ZZ | 0Y6M0ZC | 0Y6R0Z2 | 0Y6X0Z2 |
| 27592 | Z89.422 | 0Y680ZZ | 0Y6M0ZD | 0Y6R0Z3 | 0Y6X0Z3 |
| 27594 | Z89.429 | 0Y6C0Z1 | 0Y6M0ZF | 0Y6S0Z0 | 0Y6Y0Z0 |
| 27596 | Z89.431 | 0Y6C0Z2 | 0Y6N0Z0 | 0Y6S0Z1 | 0Y6Y0Z1 |
| 27598 | Z89.432 | 0Y6C0Z3 | 0Y6N0Z4 | 0Y6S0Z2 | 0Y6Y0Z2 |
| 27880 | Z89.439 | 0Y6D0Z1 | 0Y6N0Z5 | 0Y6S0Z3 | 0Y6Y0Z3 |
| 27881 | Z89.441 | 0Y6D0Z2 | 0Y6N0Z6 | 0Y6T0Z0 | |
| 27882 | Z89.442 | 0Y6D0Z3 | 0Y6N0Z7 | 0Y6T0Z1 | |
| 27884 | Z89.449 | 0Y6F0ZZ | 0Y6N0Z8 | 0Y6T0Z2 | |
| 27886 | Z89.511 | 0Y6G0ZZ | 0Y6N0Z9 | 0Y6T0Z3 | |
| 27888 | Z89.512 | 0Y6H0Z1 | 0Y6N0ZB | 0Y6U0Z0 | |
| 27889 | Z89.519 | 0Y6H0Z2 | 0Y6N0ZC | 0Y6U0Z1 | |
| 28800 | Z89.521 | 0Y6H0Z3 | 0Y6N0ZD | 0Y6U0Z2 | |
| 28805 | Z89.522 | 0Y6J0Z1 | 0Y6N0ZF | 0Y6U0Z3 | |
| 28810 | Z89.529 | 0Y6J0Z2 | 0Y6P0Z0 | 0Y6V0Z0 | |
| 28820 | Z89.611 | 0Y6J0Z3 | 0Y6P0Z1 | 0Y6V0Z1 | |
| 28825 | Z89.612 | 0Y6M0Z0 | 0Y6P0Z2 | 0Y6V0Z2 | |
| | Z89.619 | 0Y6M0Z4 | 0Y6P0Z3 | 0Y6V0Z3 | |
| | Z89.621 | 0Y6M0Z5 | 0Y6Q0Z0 | 0Y6W0Z0 | |
| | Z89.622 | 0Y6M0Z6 | 0Y6Q0Z1 | 0Y6W0Z1 | |
| | Z89.629 | 0Y6M0Z7 | 0Y6Q0Z2 | 0Y6W0Z2 | |

Diabetes mellitus without complications

| ICD10CM |
|---------|
| E10.9 |
| E11.9 |
| E13.9 |

Diabetes care: Controlled HbA1c less than 7.0% - dementia exclusion

| ICD10CM | | | | |
|---------|--------|--------|--------|--------|
| F01.50 | F03.91 | F13.97 | F19.27 | G30.9 |
| F01.51 | F04 | F18.17 | F19.97 | G31.83 |
| F02.80 | F10.27 | F18.27 | G30.0 | G31.01 |
| F02.81 | F10.97 | F18.97 | G30.1 | G31.09 |
| F03.90 | F13.27 | F19.17 | G30.8 | |

Measure codes for Diabetes care: Annual retinal eye exam

Retinal eye exam

| CPT | | | | HCPCS | CPT II | |
|-------|-------|-------|-------|-------|--------|-------|
| 67028 | 67108 | 67227 | 92228 | 99242 | S0620 | 2022F |
| 67030 | 67110 | 67228 | 92230 | 99243 | S0621 | 2024F |
| 67031 | 67112 | 92002 | 92235 | 99244 | S3000 | 2026F |
| 67036 | 67113 | 92004 | 92240 | 99245 | | 3072F |
| 67039 | 67121 | 92012 | 92250 | | | |
| 67040 | 67141 | 92014 | 92260 | | | |
| 67041 | 67145 | 92018 | 99203 | | | |
| 67042 | 67208 | 92019 | 99204 | | | |
| 67043 | 67210 | 92134 | 99205 | | | |
| 67101 | 67218 | 92225 | 99213 | | | |
| 67105 | 67220 | 92226 | 99214 | | | |
| 67107 | 67221 | 92227 | 99215 | | | |

Measure codes for Diabetes care: Unilateral eye enucleation

| CPT | ICD10PCS |
|-------|----------|
| 65091 | 08B10ZX |
| 65093 | 08B10ZZ |
| 65101 | 08B13ZX |
| 65103 | 08B13ZZ |
| 65105 | 08B1XZX |
| 65110 | 08B1XZZ |
| 65112 | 08B00ZX |
| 65114 | 08B00ZZ |
| 50 | 08B03ZX |
| 9950 | 08B03ZZ |
| | 08B0XZX |
| | 08B0XZZ |

Measure codes for Diabetes care: Monitoring for nephropathy

Microalbuminuria and treatment

| CPT | CPT II | ICD10CM | | | | |
|-------|--------|---------|-------|-------|--------|--------|
| 81000 | 3060F | E08.21 | N01.0 | N04.3 | N07.6 | Q60.2 |
| 81001 | 3061F | E08.22 | N01.1 | N04.4 | N07.7 | Q60.3 |
| 81002 | 3062F | E08.29 | N01.2 | N04.5 | N07.8 | Q60.4 |
| 81003 | 3066F | E09.21 | N01.3 | N04.6 | N07.9 | Q60.5 |
| 81005 | 4010F | E09.22 | N01.4 | N04.7 | N08 | Q60.6 |
| 82042 | | E09.29 | N01.5 | N04.8 | N14.0 | Q61.00 |
| 82043 | | E10.21 | N01.6 | N04.9 | N14.1 | Q61.01 |
| 82044 | | E10.22 | N01.7 | N05.0 | N14.2 | Q61.02 |
| 84156 | | E10.29 | N01.8 | N05.1 | N14.3 | Q61.11 |
| | | E11.21 | N01.9 | N05.2 | N14.4 | Q61.19 |
| | | E11.22 | N02.0 | N05.3 | N17.0 | Q61.2 |
| | | E11.29 | N02.1 | N05.4 | N17.1 | Q61.3 |
| | | E13.21 | N02.2 | N05.5 | N17.2 | Q61.4 |
| | | E13.22 | N02.3 | N05.6 | N17.8 | Q61.5 |
| | | E13.29 | N02.4 | N05.7 | N17.9 | Q61.8 |
| | | I12.0 | N02.5 | N05.8 | N18.1 | Q61.9 |
| | | I12.9 | N02.6 | N05.9 | N18.2 | R80.0 |
| | | I13.0 | N02.7 | N06.0 | N18.3 | R80.1 |
| | | I13.10 | N02.8 | N06.1 | N18.4 | R80.2 |
| | | I13.11 | N02.9 | N06.2 | N18.5 | R80.3 |
| | | I13.2 | N03.0 | N06.3 | N18.6 | R80.8 |
| | | I15.0 | N03.1 | N06.4 | N18.9 | R80.9 |
| | | I15.1 | N03.2 | N06.5 | N19 | |
| | | N00.0 | N03.3 | N06.6 | N25.0 | |
| | | N00.1 | N03.4 | N06.7 | N25.1 | |
| | | N00.2 | N03.5 | N06.8 | N25.81 | |
| | | N00.3 | N03.6 | N06.9 | N25.89 | |
| | | N00.4 | N03.7 | N07.0 | N25.9 | |
| | | N00.5 | N03.8 | N07.1 | N26.1 | |
| | | N00.6 | N03.9 | N07.2 | N26.2 | |
| | | N00.7 | N04.0 | N07.3 | N26.9 | |
| | | N00.8 | N04.1 | N07.4 | Q60.0 | |
| | | N00.9 | N04.2 | N07.5 | Q60.1 | |

Stage 4 Chronic kidney disease

CPT

N18.4

End stage renal disease (ESRD)

| CPT | | HCPCS | ICD10CM | ICD10PCS | UBREV | |
|-------|-------|-------|---------|----------|-------|------|
| 36147 | 90958 | G0257 | N18.5 | 3E1M39Z | 0800 | 0839 |
| 36800 | 90959 | S9339 | N18.6 | 5A1D00Z | 0801 | 0840 |
| 36810 | 90960 | | Z91.15 | 5A1D60Z | 0802 | 0841 |
| 36815 | 90961 | | Z99.2 | | 0803 | 0842 |
| 36818 | 90962 | | | | 0804 | 0843 |
| 36819 | 90965 | | | | 0809 | 0844 |
| 36820 | 90966 | | | | 0820 | 0845 |
| 36821 | 90969 | | | | 0821 | 0849 |
| 36831 | 90970 | | | | 0822 | 0850 |
| 36832 | 90989 | | | | 0823 | 0851 |
| 36833 | 90993 | | | | 0824 | 0852 |
| 90935 | 90997 | | | | 0825 | 0853 |
| 90937 | 90999 | | | | 0829 | 0854 |
| 90940 | 99512 | | | | 0830 | 0855 |
| 90945 | | | | | 0831 | 0859 |
| 90947 | | | | | 0832 | 0880 |
| 90957 | | | | | 0833 | 0881 |
| | | | | | 0834 | 0882 |
| | | | | | 0835 | 0889 |

Kidney transplant

| CPT | HCPCS | ICD10CM | ICD10PCS | UBREV |
|-------|-------|---------|----------|-------|
| 50300 | S2065 | Z94.0 | 0TY00Z0 | 367 |
| 50320 | | | 0TY00Z1 | |
| 50340 | | | 0TY00Z2 | |
| 50360 | | | 0TY10Z0 | |
| 50365 | | | 0TY10Z1 | |
| 50370 | | | 0TY10Z2 | |
| 50380 | | | | |

Measure codes for hypertension: Controlled blood pressure

Blood pressure

CPT II

| | |
|-----------|--|
| Systolic | 2074F - Most recent systolic blood pressure < 130 mm Hg |
| | 3075F - Most recent systolic blood pressure 130 -139 mm Hg |
| | 3077F - Most recent systolic blood pressure greater than or equal to 140 mm Hg |
| Diastolic | 3078F - Most recent diastolic blood pressure less than 80 mm Hg |
| | 3079F - Most recent diastolic blood pressure 80-89 mm Hg |
| | 3080F - Most recent diastolic blood pressure greater than or equal to 90 mm Hg |

Essential hypertension

ICD10CM

I10

Hypertension and nephropathy drug subclasses

| DRUG_SUBCLASS_DESC | DRUG_CLASS_DESC | DRUG_GRP_DESC |
|--|--|-------------------------------|
| ACE Inhibitor & Calcium Channel Blocker Combinations | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| ACE Inhibitor-Nutritional Supplement Combinations | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| ACE Inhibitors | ACE Inhibitors | ANTIHYPERTENSIVES |
| ACE Inhibitors & Thiazide/Thiazide-Like | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| Adrenolytics-Central & Thiazide/Thiazide-Like Comb | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| Angiotensin II Receptor Antag & Ca Channel Blocker Comb | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| Angiotensin II Receptor Antag & Thiazide/Thiazide-Like | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| Angiotensin II Receptor Antagonists | Angiotensin II Receptor Antagonists | ANTIHYPERTENSIVES |
| Beta Blocker & Diuretic Combinations | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| CALCIUM CHANNEL BLOCKERS | CALCIUM CHANNEL BLOCKERS | CALCIUM CHANNEL BLOCKERS |
| Calcium Channel Blocker & HMG CoA Reductase Inhibit Comb | Cardiovascular Agents Misc. - Combinations | CARDIOVASCULAR AGENTS - MISC. |
| Calcium Channel Blocker-Nutritional Supplement Comb | Calcium Channel Blocker Combinations | CALCIUM CHANNEL BLOCKERS |
| DPP-4 Inhibitor-HMG CoA Reductase Inhibitor Comb | Antidiabetic Combinations | ANTIDIABETICS |
| Direct Renin Inhibitors | Direct Renin Inhibitors | ANTIHYPERTENSIVES |
| Direct Renin Inhibitors & Angiotensin II Receptor Antag | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| Direct Renin Inhibitors & Calcium Channel Blocker Comb | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| Direct Renin Inhibitors-Ca Channel | Antihypertensive | ANTIHYPERTENSIVES |

| | | |
|--|--|-------------------------------|
| Blocker-Thiazide Comb | Combinations | |
| Diuretic Combinations | Diuretic Combinations | DIURETICS |
| Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb | Cardiovascular Agents Misc. - Combinations | CARDIOVASCULAR AGENTS - MISC. |
| Reserpine Combinations | Antihypertensive Combinations | ANTIHYPERTENSIVES |
| Thiazides and Thiazide-Like Diuretics | Thiazides and Thiazide-Like Diuretics | DIURETICS |
| Vasodilators & Thiazides | Antihypertensive Combinations | ANTIHYPERTENSIVES |

Pregnancy exclusions

| ICD10CM | | | | | | |
|---------|--------|--------|---------|---------|---------|---------|
| O00.0 | O03.5 | O07.0 | O09.00 | O09.519 | O09.893 | O10.319 |
| O00.1 | O03.6 | O07.1 | O09.01 | O09.521 | O09.899 | O10.32 |
| O00.2 | O03.7 | O07.2 | O09.02 | O09.522 | O09.90 | O10.33 |
| O00.8 | O03.80 | O07.30 | O09.03 | O09.523 | O09.91 | O10.411 |
| O00.9 | O03.81 | O07.31 | O09.10 | O09.529 | O09.92 | O10.412 |
| O01.0 | O03.82 | O07.32 | O09.11 | O09.611 | O09.93 | O10.413 |
| O01.1 | O03.83 | O07.33 | O09.12 | O09.612 | O10.011 | O10.419 |
| O01.9 | O03.84 | O07.34 | O09.13 | O09.613 | O10.012 | O10.42 |
| O02.0 | O03.85 | O07.35 | O09.211 | O09.619 | O10.013 | O10.43 |
| O02.1 | O03.86 | O07.36 | O09.212 | O09.621 | O10.019 | O10.911 |
| O02.81 | O03.87 | O07.37 | O09.213 | O09.622 | O10.02 | O10.912 |
| O02.89 | O03.88 | O07.38 | O09.219 | O09.623 | O10.03 | O10.913 |
| O02.9 | O03.89 | O07.39 | O09.291 | O09.629 | O10.111 | O10.919 |
| O03.0 | O03.9 | O07.4 | O09.292 | O09.70 | O10.112 | O10.92 |
| O03.1 | O04.5 | O08.0 | O09.293 | O09.71 | O10.113 | O10.93 |
| O03.2 | O04.6 | O08.1 | O09.299 | O09.72 | O10.119 | O11.1 |
| O03.30 | O04.7 | O08.2 | O09.30 | O09.73 | O10.12 | O11.2 |
| O03.31 | O04.80 | O08.3 | O09.31 | O09.811 | O10.13 | O11.3 |
| O03.32 | O04.81 | O08.4 | O09.32 | O09.812 | O10.211 | O11.9 |
| O03.33 | O04.82 | O08.5 | O09.33 | O09.813 | O10.212 | O12.00 |
| O03.34 | O04.83 | O08.6 | O09.40 | O09.819 | O10.213 | O12.01 |
| O03.35 | O04.84 | O08.7 | O09.41 | O09.821 | O10.219 | O12.02 |
| O03.36 | O04.85 | O08.81 | O09.42 | O09.822 | O10.22 | O12.03 |
| O03.37 | O04.86 | O08.82 | O09.43 | O09.823 | O10.23 | O12.10 |
| O03.38 | O04.87 | O08.83 | O09.511 | O09.829 | O10.311 | O12.11 |

Pregnancy exclusions

| ICD10CM | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|
| O03.39 | O04.88 | O08.89 | O09.512 | O09.891 | O10.312 | O12.12 |
| O03.4 | O04.89 | O08.9 | O09.513 | O09.892 | O10.313 | O12.13 |
| O12.20 | O22.10 | O23.32 | O24.419 | O26.41 | O26.879 | O29.212 |
| O12.21 | O22.11 | O23.33 | O24.420 | O26.42 | O26.891 | O29.213 |
| O12.22 | O22.12 | O23.40 | O24.424 | O26.43 | O26.892 | O29.219 |
| O12.23 | O22.13 | O23.41 | O24.429 | O26.50 | O26.893 | O29.291 |
| O13.1 | O22.20 | O23.42 | O24.430 | O26.51 | O26.899 | O29.292 |
| O13.2 | O22.21 | O23.43 | O24.434 | O26.52 | O26.90 | O29.293 |
| O13.3 | O22.22 | O23.511 | O24.439 | O26.53 | O26.91 | O29.299 |
| O13.9 | O22.23 | O23.512 | O24.811 | O26.611 | O26.92 | O29.3X1 |
| O14.00 | O22.30 | O23.513 | O24.812 | O26.612 | O26.93 | O29.3X2 |
| O14.02 | O22.31 | O23.519 | O24.813 | O26.613 | O28.0 | O29.3X3 |
| O14.03 | O22.32 | O23.521 | O24.819 | O26.619 | O28.1 | O29.3X9 |
| O14.10 | O22.33 | O23.522 | O24.82 | O26.62 | O28.2 | O29.40 |
| O14.12 | O22.40 | O23.523 | O24.83 | O26.63 | O28.3 | O29.41 |
| O14.13 | O22.41 | O23.529 | O24.911 | O26.711 | O28.4 | O29.42 |
| O14.20 | O22.42 | O23.591 | O24.912 | O26.712 | O28.5 | O29.43 |
| O14.22 | O22.43 | O23.592 | O24.913 | O26.713 | O28.8 | O29.5X1 |
| O14.23 | O22.50 | O23.593 | O24.919 | O26.719 | O28.9 | O29.5X2 |
| O14.90 | O22.51 | O23.599 | O24.92 | O26.72 | O29.011 | O29.5X3 |
| O14.92 | O22.52 | O23.90 | O24.93 | O26.73 | O29.012 | O29.5X9 |
| O14.93 | O22.53 | O23.91 | O25.10 | O26.811 | O29.013 | O29.60 |
| O15.00 | O22.8X1 | O23.92 | O25.11 | O26.812 | O29.019 | O29.61 |
| O15.02 | O22.8X2 | O23.93 | O25.12 | O26.813 | O29.021 | O29.62 |
| O15.03 | O22.8X3 | O24.011 | O25.13 | O26.819 | O29.022 | O29.63 |
| O15.1 | O22.8X9 | O24.012 | O25.2 | O26.821 | O29.023 | O29.8X1 |
| O15.2 | O22.90 | O24.013 | O25.3 | O26.822 | O29.029 | O29.8X2 |
| O15.9 | O22.91 | O24.019 | O26.00 | O26.823 | O29.091 | O29.8X3 |
| O16.1 | O22.92 | O24.02 | O26.01 | O26.829 | O29.092 | O29.8X9 |
| O16.2 | O22.93 | O24.03 | O26.02 | O26.831 | O29.093 | O29.90 |
| O16.3 | O23.00 | O24.111 | O26.03 | O26.832 | O29.099 | O29.91 |
| O16.9 | O23.01 | O24.112 | O26.10 | O26.833 | O29.111 | O29.92 |
| O20.0 | O23.02 | O24.113 | O26.11 | O26.839 | O29.112 | O29.93 |
| O20.8 | O23.03 | O24.119 | O26.12 | O26.841 | O29.113 | O30.001 |
| O20.9 | O23.10 | O24.12 | O26.13 | O26.842 | O29.119 | O30.002 |
| O21.0 | O23.11 | O24.13 | O26.20 | O26.843 | O29.121 | O30.003 |
| O21.1 | O23.12 | O24.311 | O26.21 | O26.849 | O29.122 | O30.009 |
| O21.2 | O23.13 | O24.312 | O26.22 | O26.851 | O29.123 | O30.011 |

Pregnancy exclusions

| ICD10CM | | | | | | |
|---------|----------|----------|----------|----------|----------|----------|
| O21.8 | O23.20 | O24.313 | O26.23 | O26.852 | O29.129 | O30.012 |
| O21.9 | O23.21 | O24.319 | O26.30 | O26.853 | O29.191 | O30.013 |
| O22.00 | O23.22 | O24.32 | O26.31 | O26.859 | O29.192 | O30.019 |
| O22.01 | O23.23 | O24.33 | O26.32 | O26.86 | O29.193 | O30.021 |
| O22.02 | O23.30 | O24.410 | O26.33 | O26.872 | O29.199 | O30.022 |
| O22.03 | O23.31 | O24.414 | O26.40 | O26.873 | O29.211 | O30.023 |
| O30.029 | O30.292 | O31.02X5 | O31.20X5 | O31.32X5 | O32.0XX5 | O32.8XX5 |
| O30.031 | O30.293 | O31.02X9 | O31.20X9 | O31.32X9 | O32.0XX9 | O32.8XX9 |
| O30.032 | O30.299 | O31.03X0 | O31.21X0 | O31.33X0 | O32.1XX0 | O32.9XX0 |
| O30.033 | O30.801 | O31.03X1 | O31.21X1 | O31.33X1 | O32.1XX1 | O32.9XX1 |
| O30.039 | O30.802 | O31.03X2 | O31.21X2 | O31.33X2 | O32.1XX2 | O32.9XX2 |
| O30.041 | O30.803 | O31.03X3 | O31.21X3 | O31.33X3 | O32.1XX3 | O32.9XX3 |
| O30.042 | O30.809 | O31.03X4 | O31.21X4 | O31.33X4 | O32.1XX4 | O32.9XX4 |
| O30.043 | O30.811 | O31.03X5 | O31.21X5 | O31.33X5 | O32.1XX5 | O32.9XX5 |
| O30.049 | O30.812 | O31.03X9 | O31.21X9 | O31.33X9 | O32.1XX9 | O32.9XX9 |
| O30.091 | O30.813 | O31.10X0 | O31.22X0 | O31.8X10 | O32.2XX0 | O33.0 |
| O30.092 | O30.819 | O31.10X1 | O31.22X1 | O31.8X11 | O32.2XX1 | O33.1 |
| O30.093 | O30.821 | O31.10X2 | O31.22X2 | O31.8X12 | O32.2XX2 | O33.2 |
| O30.099 | O30.822 | O31.10X3 | O31.22X3 | O31.8X13 | O32.2XX3 | O33.3XX0 |
| O30.101 | O30.823 | O31.10X4 | O31.22X4 | O31.8X14 | O32.2XX4 | O33.3XX1 |
| O30.102 | O30.829 | O31.10X5 | O31.22X5 | O31.8X15 | O32.2XX5 | O33.3XX2 |
| O30.103 | O30.891 | O31.10X9 | O31.22X9 | O31.8X19 | O32.2XX9 | O33.3XX3 |
| O30.109 | O30.892 | O31.11X0 | O31.23X0 | O31.8X20 | O32.3XX0 | O33.3XX4 |
| O30.111 | O30.893 | O31.11X1 | O31.23X1 | O31.8X21 | O32.3XX1 | O33.3XX5 |
| O30.112 | O30.899 | O31.11X2 | O31.23X2 | O31.8X22 | O32.3XX2 | O33.3XX9 |
| O30.113 | O30.90 | O31.11X3 | O31.23X3 | O31.8X23 | O32.3XX3 | O33.4XX0 |
| O30.119 | O30.91 | O31.11X4 | O31.23X4 | O31.8X24 | O32.3XX4 | O33.4XX1 |
| O30.121 | O30.92 | O31.11X5 | O31.23X5 | O31.8X25 | O32.3XX5 | O33.4XX2 |
| O30.122 | O30.93 | O31.11X9 | O31.23X9 | O31.8X29 | O32.3XX9 | O33.4XX3 |
| O30.123 | O31.00X0 | O31.12X0 | O31.30X0 | O31.8X30 | O32.4XX0 | O33.4XX4 |
| O30.129 | O31.00X1 | O31.12X1 | O31.30X1 | O31.8X31 | O32.4XX1 | O33.4XX5 |
| O30.191 | O31.00X2 | O31.12X2 | O31.30X2 | O31.8X32 | O32.4XX2 | O33.4XX9 |
| O30.192 | O31.00X3 | O31.12X3 | O31.30X3 | O31.8X33 | O32.4XX3 | O33.5XX0 |
| O30.193 | O31.00X4 | O31.12X4 | O31.30X4 | O31.8X34 | O32.4XX4 | O33.5XX1 |
| O30.199 | O31.00X5 | O31.12X5 | O31.30X5 | O31.8X35 | O32.4XX5 | O33.5XX2 |
| O30.201 | O31.00X9 | O31.12X9 | O31.30X9 | O31.8X39 | O32.4XX9 | O33.5XX3 |
| O30.202 | O31.01X0 | O31.13X0 | O31.31X0 | O31.8X90 | O32.6XX0 | O33.5XX4 |
| O30.203 | O31.01X1 | O31.13X1 | O31.31X1 | O31.8X91 | O32.6XX1 | O33.5XX5 |

Pregnancy exclusions

| ICD10CM | | | | | | |
|---------|----------|----------|----------|----------|----------|----------|
| O30.209 | O31.01X2 | O31.13X2 | O31.31X2 | O31.8X92 | O32.6XX2 | O33.5XX9 |
| O30.211 | O31.01X3 | O31.13X3 | O31.31X3 | O31.8X93 | O32.6XX3 | O33.6XX0 |
| O30.212 | O31.01X4 | O31.13X4 | O31.31X4 | O31.8X94 | O32.6XX4 | O33.6XX1 |
| O30.213 | O31.01X5 | O31.13X5 | O31.31X5 | O31.8X95 | O32.6XX5 | O33.6XX2 |
| O30.219 | O31.01X9 | O31.13X9 | O31.31X9 | O31.8X99 | O32.6XX9 | O33.6XX3 |
| O30.221 | O31.02X0 | O31.20X0 | O31.32X0 | O32.0XX0 | O32.8XX0 | O33.6XX4 |
| O30.222 | O31.02X1 | O31.20X1 | O31.32X1 | O32.0XX1 | O32.8XX1 | O33.6XX5 |
| O30.223 | O31.02X2 | O31.20X2 | O31.32X2 | O32.0XX2 | O32.8XX2 | O33.6XX9 |
| O30.229 | O31.02X3 | O31.20X3 | O31.32X3 | O32.0XX3 | O32.8XX3 | O33.7 |
| O30.291 | O31.02X4 | O31.20X4 | O31.32X4 | O32.0XX4 | O32.8XX4 | O33.8 |
| O33.9 | O34.73 | O35.4XX5 | O36.0115 | O36.0935 | O36.1915 | O36.22X5 |
| O34.00 | O34.80 | O35.4XX9 | O36.0119 | O36.0939 | O36.1919 | O36.22X9 |
| O34.01 | O34.81 | O35.5XX0 | O36.0120 | O36.0990 | O36.1920 | O36.23X0 |
| O34.02 | O34.82 | O35.5XX1 | O36.0121 | O36.0991 | O36.1921 | O36.23X1 |
| O34.03 | O34.83 | O35.5XX2 | O36.0122 | O36.0992 | O36.1922 | O36.23X2 |
| O34.10 | O34.90 | O35.5XX3 | O36.0123 | O36.0993 | O36.1923 | O36.23X3 |
| O34.11 | O34.91 | O35.5XX4 | O36.0124 | O36.0994 | O36.1924 | O36.23X4 |
| O34.12 | O34.92 | O35.5XX5 | O36.0125 | O36.0995 | O36.1925 | O36.23X5 |
| O34.13 | O34.93 | O35.5XX9 | O36.0129 | O36.0999 | O36.1929 | O36.23X9 |
| O34.21 | O35.0XX0 | O35.6XX0 | O36.0130 | O36.1110 | O36.1930 | O36.4XX0 |
| O34.29 | O35.0XX1 | O35.6XX1 | O36.0131 | O36.1111 | O36.1931 | O36.4XX1 |
| O34.30 | O35.0XX2 | O35.6XX2 | O36.0132 | O36.1112 | O36.1932 | O36.4XX2 |
| O34.31 | O35.0XX3 | O35.6XX3 | O36.0133 | O36.1113 | O36.1933 | O36.4XX3 |
| O34.32 | O35.0XX4 | O35.6XX4 | O36.0134 | O36.1114 | O36.1934 | O36.4XX4 |
| O34.33 | O35.0XX5 | O35.6XX5 | O36.0135 | O36.1115 | O36.1935 | O36.4XX5 |
| O34.40 | O35.0XX9 | O35.6XX9 | O36.0139 | O36.1119 | O36.1939 | O36.4XX9 |
| O34.41 | O35.1XX0 | O35.7XX0 | O36.0190 | O36.1120 | O36.1990 | O36.5110 |
| O34.42 | O35.1XX1 | O35.7XX1 | O36.0191 | O36.1121 | O36.1991 | O36.5111 |
| O34.43 | O35.1XX2 | O35.7XX2 | O36.0192 | O36.1122 | O36.1992 | O36.5112 |
| O34.511 | O35.1XX3 | O35.7XX3 | O36.0193 | O36.1123 | O36.1993 | O36.5113 |
| O34.512 | O35.1XX4 | O35.7XX4 | O36.0194 | O36.1124 | O36.1994 | O36.5114 |
| O34.513 | O35.1XX5 | O35.7XX5 | O36.0195 | O36.1125 | O36.1995 | O36.5115 |
| O34.519 | O35.1XX9 | O35.7XX9 | O36.0199 | O36.1129 | O36.1999 | O36.5119 |
| O34.521 | O35.2XX0 | O35.8XX0 | O36.0910 | O36.1130 | O36.20X0 | O36.5120 |
| O34.522 | O35.2XX1 | O35.8XX1 | O36.0911 | O36.1131 | O36.20X1 | O36.5121 |
| O34.523 | O35.2XX2 | O35.8XX2 | O36.0912 | O36.1132 | O36.20X2 | O36.5122 |
| O34.529 | O35.2XX3 | O35.8XX3 | O36.0913 | O36.1133 | O36.20X3 | O36.5123 |
| O34.531 | O35.2XX4 | O35.8XX4 | O36.0914 | O36.1134 | O36.20X4 | O36.5124 |

Pregnancy exclusions

| ICD10CM | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|
| O34.532 | O35.2XX5 | O35.8XX5 | O36.0915 | O36.1135 | O36.20X5 | O36.5125 |
| O34.533 | O35.2XX9 | O35.8XX9 | O36.0919 | O36.1139 | O36.20X9 | O36.5129 |
| O34.539 | O35.3XX0 | O35.9XX0 | O36.0920 | O36.1190 | O36.21X0 | O36.5130 |
| O34.591 | O35.3XX1 | O35.9XX1 | O36.0921 | O36.1191 | O36.21X1 | O36.5131 |
| O34.592 | O35.3XX2 | O35.9XX2 | O36.0922 | O36.1192 | O36.21X2 | O36.5132 |
| O34.593 | O35.3XX3 | O35.9XX3 | O36.0923 | O36.1193 | O36.21X3 | O36.5133 |
| O34.599 | O35.3XX4 | O35.9XX4 | O36.0924 | O36.1194 | O36.21X4 | O36.5134 |
| O34.60 | O35.3XX5 | O35.9XX5 | O36.0925 | O36.1195 | O36.21X5 | O36.5135 |
| O34.61 | O35.3XX9 | O35.9XX9 | O36.0929 | O36.1199 | O36.21X9 | O36.5139 |
| O34.62 | O35.4XX0 | O36.0110 | O36.0930 | O36.1910 | O36.22X0 | O36.5190 |
| O34.63 | O35.4XX1 | O36.0111 | O36.0931 | O36.1911 | O36.22X1 | O36.5191 |
| O34.70 | O35.4XX2 | O36.0112 | O36.0932 | O36.1912 | O36.22X2 | O36.5192 |
| O34.71 | O35.4XX3 | O36.0113 | O36.0933 | O36.1913 | O36.22X3 | O36.5193 |
| O34.72 | O35.4XX4 | O36.0114 | O36.0934 | O36.1914 | O36.22X4 | O36.5194 |
| O36.5195 | O36.61X5 | O36.73X5 | O36.8225 | O36.8995 | O40.2XX5 | O41.03X5 |
| O36.5199 | O36.61X9 | O36.73X9 | O36.8229 | O36.8999 | O40.2XX9 | O41.03X9 |
| O36.5910 | O36.62X0 | O36.80X0 | O36.8230 | O36.90X0 | O40.3XX0 | O41.1010 |
| O36.5911 | O36.62X1 | O36.80X1 | O36.8231 | O36.90X1 | O40.3XX1 | O41.1011 |
| O36.5912 | O36.62X2 | O36.80X2 | O36.8232 | O36.90X2 | O40.3XX2 | O41.1012 |
| O36.5913 | O36.62X3 | O36.80X3 | O36.8233 | O36.90X3 | O40.3XX3 | O41.1013 |
| O36.5914 | O36.62X4 | O36.80X4 | O36.8234 | O36.90X4 | O40.3XX4 | O41.1014 |
| O36.5915 | O36.62X5 | O36.80X5 | O36.8235 | O36.90X5 | O40.3XX5 | O41.1015 |
| O36.5919 | O36.62X9 | O36.80X9 | O36.8239 | O36.90X9 | O40.3XX9 | O41.1019 |
| O36.5920 | O36.63X0 | O36.8120 | O36.8290 | O36.91X0 | O40.9XX0 | O41.1020 |
| O36.5921 | O36.63X1 | O36.8121 | O36.8291 | O36.91X1 | O40.9XX1 | O41.1021 |
| O36.5922 | O36.63X2 | O36.8122 | O36.8292 | O36.91X2 | O40.9XX2 | O41.1022 |
| O36.5923 | O36.63X3 | O36.8123 | O36.8293 | O36.91X3 | O40.9XX3 | O41.1023 |
| O36.5924 | O36.63X4 | O36.8124 | O36.8294 | O36.91X4 | O40.9XX4 | O41.1024 |
| O36.5925 | O36.63X5 | O36.8125 | O36.8295 | O36.91X5 | O40.9XX5 | O41.1025 |
| O36.5929 | O36.63X9 | O36.8129 | O36.8299 | O36.91X9 | O40.9XX9 | O41.1029 |
| O36.5930 | O36.70X0 | O36.8130 | O36.8910 | O36.92X0 | O41.00X0 | O41.1030 |
| O36.5931 | O36.70X1 | O36.8131 | O36.8911 | O36.92X1 | O41.00X1 | O41.1031 |
| O36.5932 | O36.70X2 | O36.8132 | O36.8912 | O36.92X2 | O41.00X2 | O41.1032 |
| O36.5933 | O36.70X3 | O36.8133 | O36.8913 | O36.92X3 | O41.00X3 | O41.1033 |
| O36.5934 | O36.70X4 | O36.8134 | O36.8914 | O36.92X4 | O41.00X4 | O41.1034 |
| O36.5935 | O36.70X5 | O36.8135 | O36.8915 | O36.92X5 | O41.00X5 | O41.1035 |
| O36.5939 | O36.70X9 | O36.8139 | O36.8919 | O36.92X9 | O41.00X9 | O41.1039 |
| O36.5990 | O36.71X0 | O36.8190 | O36.8920 | O36.93X0 | O41.01X0 | O41.1090 |

Pregnancy exclusions

| ICD10CM | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|
| O36.5991 | O36.71X1 | O36.8191 | O36.8921 | O36.93X1 | O41.01X1 | O41.1091 |
| O36.5992 | O36.71X2 | O36.8192 | O36.8922 | O36.93X2 | O41.01X2 | O41.1092 |
| O36.5993 | O36.71X3 | O36.8193 | O36.8923 | O36.93X3 | O41.01X3 | O41.1093 |
| O36.5994 | O36.71X4 | O36.8194 | O36.8924 | O36.93X4 | O41.01X4 | O41.1094 |
| O36.5995 | O36.71X5 | O36.8195 | O36.8925 | O36.93X5 | O41.01X5 | O41.1095 |
| O36.5999 | O36.71X9 | O36.8199 | O36.8929 | O36.93X9 | O41.01X9 | O41.1099 |
| O36.60X0 | O36.72X0 | O36.8210 | O36.8930 | O40.1XX0 | O41.02X0 | O41.1210 |
| O36.60X1 | O36.72X1 | O36.8211 | O36.8931 | O40.1XX1 | O41.02X1 | O41.1211 |
| O36.60X2 | O36.72X2 | O36.8212 | O36.8932 | O40.1XX2 | O41.02X2 | O41.1212 |
| O36.60X3 | O36.72X3 | O36.8213 | O36.8933 | O40.1XX3 | O41.02X3 | O41.1213 |
| O36.60X4 | O36.72X4 | O36.8214 | O36.8934 | O40.1XX4 | O41.02X4 | O41.1214 |
| O36.60X5 | O36.72X5 | O36.8215 | O36.8935 | O40.1XX5 | O41.02X5 | O41.1215 |
| O36.60X9 | O36.72X9 | O36.8219 | O36.8939 | O40.1XX9 | O41.02X9 | O41.1219 |
| O36.61X0 | O36.73X0 | O36.8220 | O36.8990 | O40.2XX0 | O41.03X0 | O41.1220 |
| O36.61X1 | O36.73X1 | O36.8221 | O36.8991 | O40.2XX1 | O41.03X1 | O41.1221 |
| O36.61X2 | O36.73X2 | O36.8222 | O36.8992 | O40.2XX2 | O41.03X2 | O41.1222 |
| O36.61X3 | O36.73X3 | O36.8223 | O36.8993 | O40.2XX3 | O41.03X3 | O41.1223 |
| O36.61X4 | O36.73X4 | O36.8224 | O36.8994 | O40.2XX4 | O41.03X4 | O41.1224 |
| O41.1225 | O41.1495 | O41.91X5 | O43.101 | O44.02 | O46.091 | O60.13X9 |
| O41.1229 | O41.1499 | O41.91X9 | O43.102 | O44.03 | O46.092 | O60.14X0 |
| O41.1230 | O41.8X10 | O41.92X0 | O43.103 | O44.10 | O46.093 | O60.14X1 |
| O41.1231 | O41.8X11 | O41.92X1 | O43.109 | O44.11 | O46.099 | O60.14X2 |
| O41.1232 | O41.8X12 | O41.92X2 | O43.111 | O44.12 | O46.8X1 | O60.14X3 |
| O41.1233 | O41.8X13 | O41.92X3 | O43.112 | O44.13 | O46.8X2 | O60.14X4 |
| O41.1234 | O41.8X14 | O41.92X4 | O43.113 | O45.001 | O46.8X3 | O60.14X5 |
| O41.1235 | O41.8X15 | O41.92X5 | O43.119 | O45.002 | O46.8X9 | O60.14X9 |
| O41.1239 | O41.8X19 | O41.92X9 | O43.121 | O45.003 | O46.90 | O60.20X0 |
| O41.1290 | O41.8X20 | O41.93X0 | O43.122 | O45.009 | O46.91 | O60.20X1 |
| O41.1291 | O41.8X21 | O41.93X1 | O43.123 | O45.011 | O46.92 | O60.20X2 |
| O41.1292 | O41.8X22 | O41.93X2 | O43.129 | O45.012 | O46.93 | O60.20X3 |
| O41.1293 | O41.8X23 | O41.93X3 | O43.191 | O45.013 | O47.00 | O60.20X4 |
| O41.1294 | O41.8X24 | O41.93X4 | O43.192 | O45.019 | O47.02 | O60.20X5 |
| O41.1295 | O41.8X25 | O41.93X5 | O43.193 | O45.021 | O47.03 | O60.20X9 |
| O41.1299 | O41.8X29 | O41.93X9 | O43.199 | O45.022 | O47.1 | O60.22X0 |
| O41.1410 | O41.8X30 | O42.00 | O43.211 | O45.023 | O47.9 | O60.22X1 |
| O41.1411 | O41.8X31 | O42.011 | O43.212 | O45.029 | O48.0 | O60.22X2 |
| O41.1412 | O41.8X32 | O42.012 | O43.213 | O45.091 | O48.1 | O60.22X3 |
| O41.1413 | O41.8X33 | O42.013 | O43.219 | O45.092 | O60.00 | O60.22X4 |
| O41.1414 | O41.8X34 | O42.019 | O43.221 | O45.093 | O60.02 | O60.22X5 |
| O41.1415 | O41.8X35 | O42.02 | O43.222 | O45.099 | O60.03 | O60.22X9 |
| O41.1419 | O41.8X39 | O42.10 | O43.223 | O45.8X1 | O60.10X0 | O60.23X0 |
| O41.1420 | O41.8X90 | O42.111 | O43.229 | O45.8X2 | O60.10X1 | O60.23X1 |
| O41.1421 | O41.8X91 | O42.112 | O43.231 | O45.8X3 | O60.10X2 | O60.23X2 |

Pregnancy exclusions

| ICD10CM | | | | | | |
|----------|----------|----------|----------|---------|----------|----------|
| O41.1422 | O41.8X92 | O42.113 | O43.232 | O45.8X9 | O60.10X3 | O60.23X3 |
| O41.1423 | O41.8X93 | O42.119 | O43.233 | O45.90 | O60.10X4 | O60.23X4 |
| O41.1424 | O41.8X94 | O42.12 | O43.239 | O45.91 | O60.10X5 | O60.23X5 |
| O41.1425 | O41.8X95 | O42.90 | O43.811 | O45.92 | O60.10X9 | O60.23X9 |
| O41.1429 | O41.8X99 | O42.911 | O43.812 | O45.93 | O60.12X0 | O61.0 |
| O41.1430 | O41.90X0 | O42.912 | O43.813 | O46.001 | O60.12X1 | O61.1 |
| O41.1431 | O41.90X1 | O42.913 | O43.819 | O46.002 | O60.12X2 | O61.8 |
| O41.1432 | O41.90X2 | O42.919 | O43.891 | O46.003 | O60.12X3 | O61.9 |
| O41.1433 | O41.90X3 | O42.92 | O43.892 | O46.009 | O60.12X4 | O62.0 |
| O41.1434 | O41.90X4 | O43.011 | O43.893 | O46.011 | O60.12X5 | O62.1 |
| O41.1435 | O41.90X5 | O43.012 | O43.899 | O46.012 | O60.12X9 | O62.2 |
| O41.1439 | O41.90X9 | O43.013 | O43.90 | O46.013 | O60.13X0 | O62.3 |
| O41.1490 | O41.91X0 | O43.019 | O43.91 | O46.019 | O60.13X1 | O62.4 |
| O41.1491 | O41.91X1 | O43.021 | O43.92 | O46.021 | O60.13X2 | O62.8 |
| O41.1492 | O41.91X2 | O43.022 | O43.93 | O46.022 | O60.13X3 | O62.9 |
| O41.1493 | O41.91X3 | O43.023 | O44.00 | O46.023 | O60.13X4 | O63.0 |
| O41.1494 | O41.91X4 | O43.029 | O44.01 | O46.029 | O60.13X5 | O63.1 |
| O63.2 | O64.5XX5 | O69.0XX4 | O69.81X4 | O71.89 | O86.21 | O88.83 |
| O63.9 | O64.5XX9 | O69.0XX5 | O69.81X5 | O71.9 | O86.22 | O89.01 |
| O64.0XX0 | O64.8XX0 | O69.0XX9 | O69.81X9 | O72.0 | O86.29 | O89.09 |
| O64.0XX1 | O64.8XX1 | O69.1XX0 | O69.82X0 | O72.1 | O86.4 | O89.1 |
| O64.0XX2 | O64.8XX2 | O69.1XX1 | O69.82X1 | O72.2 | O86.81 | O89.2 |
| O64.0XX3 | O64.8XX3 | O69.1XX2 | O69.82X2 | O72.3 | O86.89 | O89.3 |
| O64.0XX4 | O64.8XX4 | O69.1XX3 | O69.82X3 | O73.0 | O87.0 | O89.4 |
| O64.0XX5 | O64.8XX5 | O69.1XX4 | O69.82X4 | O73.1 | O87.1 | O89.5 |
| O64.0XX9 | O64.8XX9 | O69.1XX5 | O69.82X5 | O74.0 | O87.2 | O89.6 |
| O64.1XX0 | O64.9XX0 | O69.1XX9 | O69.82X9 | O74.1 | O87.3 | O89.8 |
| O64.1XX1 | O64.9XX1 | O69.2XX0 | O69.89X0 | O74.2 | O87.4 | O89.9 |
| O64.1XX2 | O64.9XX2 | O69.2XX1 | O69.89X1 | O74.3 | O87.8 | O90.0 |
| O64.1XX3 | O64.9XX3 | O69.2XX2 | O69.89X2 | O74.4 | O87.9 | O90.1 |
| O64.1XX4 | O64.9XX4 | O69.2XX3 | O69.89X3 | O74.5 | O88.011 | O90.2 |
| O64.1XX5 | O64.9XX5 | O69.2XX4 | O69.89X4 | O74.6 | O88.012 | O90.3 |
| O64.1XX9 | O64.9XX9 | O69.2XX5 | O69.89X5 | O74.7 | O88.013 | O90.4 |
| O64.2XX0 | O65.0 | O69.2XX9 | O69.89X9 | O74.8 | O88.019 | O90.5 |
| O64.2XX1 | O65.1 | O69.3XX0 | O69.9XX0 | O74.9 | O88.02 | O90.6 |
| O64.2XX2 | O65.2 | O69.3XX1 | O69.9XX1 | O75.0 | O88.03 | O90.81 |
| O64.2XX3 | O65.3 | O69.3XX2 | O69.9XX2 | O75.1 | O88.111 | O90.89 |
| O64.2XX4 | O65.4 | O69.3XX3 | O69.9XX3 | O75.2 | O88.112 | O90.9 |
| O64.2XX5 | O65.5 | O69.3XX4 | O69.9XX4 | O75.3 | O88.113 | O91.011 |
| O64.2XX9 | O65.8 | O69.3XX5 | O69.9XX5 | O75.4 | O88.119 | O91.012 |
| O64.3XX0 | O65.9 | O69.3XX9 | O69.9XX9 | O75.5 | O88.12 | O91.013 |

Pregnancy exclusions

| ICD10CM | | | | | | |
|----------|----------|----------|---------|---------|---------|---------|
| O64.3XX1 | O66.0 | O69.4XX0 | O70.0 | O75.81 | O88.13 | O91.019 |
| O64.3XX2 | O66.1 | O69.4XX1 | O70.1 | O75.82 | O88.211 | O91.02 |
| O64.3XX3 | O66.2 | O69.4XX2 | O70.2 | O75.89 | O88.212 | O91.03 |
| O64.3XX4 | O66.3 | O69.4XX3 | O70.3 | O75.9 | O88.213 | O91.111 |
| O64.3XX5 | O66.40 | O69.4XX4 | O70.4 | O76 | O88.219 | O91.112 |
| O64.3XX9 | O66.41 | O69.4XX5 | O70.9 | O77.0 | O88.22 | O91.113 |
| O64.4XX0 | O66.5 | O69.4XX9 | O71.00 | O77.1 | O88.23 | O91.119 |
| O64.4XX1 | O66.6 | O69.5XX0 | O71.02 | O77.8 | O88.311 | O91.12 |
| O64.4XX2 | O66.8 | O69.5XX1 | O71.03 | O77.9 | O88.312 | O91.13 |
| O64.4XX3 | O66.9 | O69.5XX2 | O71.1 | O80 | O88.313 | O91.211 |
| O64.4XX4 | O67.0 | O69.5XX3 | O71.2 | O82 | O88.319 | O91.212 |
| O64.4XX5 | O67.8 | O69.5XX4 | O71.3 | O85 | O88.32 | O91.213 |
| O64.4XX9 | O67.9 | O69.5XX5 | O71.4 | O86.0 | O88.33 | O91.219 |
| O64.5XX0 | O68 | O69.5XX9 | O71.5 | O86.11 | O88.811 | O91.22 |
| O64.5XX1 | O69.0XX0 | O69.81X0 | O71.6 | O86.12 | O88.812 | O91.23 |
| O64.5XX2 | O69.0XX1 | O69.81X1 | O71.7 | O86.13 | O88.813 | O92.011 |
| O64.5XX3 | O69.0XX2 | O69.81X2 | O71.81 | O86.19 | O88.819 | O92.012 |
| O64.5XX4 | O69.0XX3 | O69.81X3 | O71.82 | O86.20 | O88.82 | O92.013 |
| O92.019 | O98.412 | O99.112 | O99.351 | O99.844 | Z34.01 | |
| O92.02 | O98.413 | O99.113 | O99.352 | O99.845 | Z34.02 | |
| O92.03 | O98.419 | O99.119 | O99.353 | O99.89 | Z34.03 | |
| O92.111 | O98.42 | O99.12 | O99.354 | O9A.111 | Z34.80 | |
| O92.112 | O98.43 | O99.13 | O99.355 | O9A.112 | Z34.81 | |
| O92.113 | O98.511 | O99.210 | O99.411 | O9A.113 | Z34.82 | |
| O92.119 | O98.512 | O99.211 | O99.412 | O9A.119 | Z34.83 | |
| O92.12 | O98.513 | O99.212 | O99.413 | O9A.12 | Z34.90 | |
| O92.13 | O98.519 | O99.213 | O99.419 | O9A.13 | Z34.91 | |
| O92.20 | O98.52 | O99.214 | O99.42 | O9A.211 | Z34.92 | |
| O92.29 | O98.53 | O99.215 | O99.43 | O9A.212 | Z34.93 | |
| O92.3 | O98.611 | O99.280 | O99.511 | O9A.213 | Z36 | |
| O92.4 | O98.612 | O99.281 | O99.512 | O9A.219 | | |
| O92.5 | O98.613 | O99.282 | O99.513 | O9A.22 | | |
| O92.6 | O98.619 | O99.283 | O99.519 | O9A.23 | | |
| O92.70 | O98.62 | O99.284 | O99.52 | O9A.311 | | |
| O92.79 | O98.63 | O99.285 | O99.53 | O9A.312 | | |
| O98.011 | O98.711 | O99.310 | O99.611 | O9A.313 | | |
| O98.012 | O98.712 | O99.311 | O99.612 | O9A.319 | | |
| O98.013 | O98.713 | O99.312 | O99.613 | O9A.32 | | |

Pregnancy exclusions

| ICD10CM | | | | |
|---------|---------|---------|---------|---------|
| O98.019 | O98.719 | O99.313 | O99.619 | O9A.33 |
| O98.02 | O98.72 | O99.314 | O99.62 | O9A.411 |
| O98.03 | O98.73 | O99.315 | O99.63 | O9A.412 |
| O98.111 | O98.811 | O99.320 | O99.711 | O9A.413 |
| O98.112 | O98.812 | O99.321 | O99.712 | O9A.419 |
| O98.113 | O98.813 | O99.322 | O99.713 | O9A.42 |
| O98.119 | O98.819 | O99.323 | O99.719 | O9A.43 |
| O98.12 | O98.82 | O99.324 | O99.72 | O9A.511 |
| O98.13 | O98.83 | O99.325 | O99.73 | O9A.512 |
| O98.211 | O98.911 | O99.330 | O99.810 | O9A.513 |
| O98.212 | O98.912 | O99.331 | O99.814 | O9A.519 |
| O98.213 | O98.913 | O99.332 | O99.815 | O9A.52 |
| O98.219 | O98.919 | O99.333 | O99.820 | O9A.53 |
| O98.22 | O98.92 | O99.334 | O99.824 | Z03.71 |
| O98.23 | O98.93 | O99.335 | O99.825 | Z03.72 |
| O98.311 | O99.011 | O99.340 | O99.830 | Z03.73 |
| O98.312 | O99.012 | O99.341 | O99.834 | Z03.74 |
| O98.313 | O99.013 | O99.342 | O99.835 | Z03.75 |
| O98.319 | O99.019 | O99.343 | O99.840 | Z03.79 |
| O98.32 | O99.02 | O99.344 | O99.841 | Z33.1 |
| O98.33 | O99.03 | O99.345 | O99.842 | Z33.2 |
| O98.411 | O99.111 | O99.350 | O99.843 | Z34.00 |

Senior care education

priorityhealth.com/provider/center/incentives/pip/senior-care-education (login required).

Medication therapy Management (MTM)

| Health conditions |
|---|
| Alzheimer's disease |
| Anemia |
| Anticoagulation |
| Asthma |
| Autoimmune disorders |
| Benign prostatic hyperplasia (BPH) |
| Bipolar disorder |
| Cancer |
| Chronic alcohol and other drug dependence |
| Chronic heart failure (CHF) |
| Chronic lung disorders |
| Chronic non-cancer pain |

| |
|--|
| Chronic obstructive pulmonary disease (COPD) |
| Chronic/Disabling mental health conditions |
| Depression |
| Diabetes |
| Dyslipidemia |
| End-stage renal disease (ESRD) |
| GI/Reflux/Ulcer conditions |
| Hepatitis C |
| HIV/AIDS |
| Hypertension |
| Multiple sclerosis |
| Neurologic disorders |
| Osteoarthritis |
| Osteoporosis |
| Parkinson's disease |
| Rheumatoid arthritis |
| Schizophrenia |
| Severe hematologic disorders |
| Stroke |

Measure codes for care management

| Codes | Description |
|---------------|---|
| G0511* | Care coordination services and payment for RHCs and FQHCs only |
| G0512* | Care coordination services and payment for RHCs and FQHCs only |
| G9001 | Coordinated care fee |
| G9002 | Coordinated care fee |
| G9007 | Coordinated care fee scheduled team conference |
| G9008 | Coordinated care fee, physician coordinated care oversight services |
| 99487 | Complex chronic care management services |
| 99490 | Chronic care management services |
| 99492* | Psychiatric collaborative care management services |
| 99493* | Psychiatric collaborative care management services |
| 99494* | Psychiatric collaborative care management services |
| 99495* | Transitional care management services |
| 99496* | Transitional care management services |
| 98966 | Non-face-to-face non-physician telephone services |
| 98967 | Non-face-to-face non-physician telephone services |
| 98968 | Non-face-to-face non-physician telephone services |

*New codes for 2018

Care management measure instructions and access to the attestation survey
priorityhealth.com/provider/center/incentives/pip/care-management (login required)

CG CAHPS

CG CAHPS measure instructions and to access the practice-level performance data spreadsheets
priorityhealth.com/provider/center/incentives/pip/cg-cahps (login required)

All-cause readmissions

Chemotherapy

| ICD10CM |
|---------|
| Z51.0 |
| Z51.11 |
| Z51.12 |

Rehabilitation

| ICD10CM | | | |
|---------|---------|---------|---------|
| Z44.001 | Z44.109 | Z44.9 | Z45.819 |
| Z44.002 | Z44.111 | Z45.1 | Z46.82 |
| Z44.009 | Z44.112 | Z45.31 | Z46.89 |
| Z44.011 | Z44.119 | Z45.320 | Z46.9 |
| Z44.012 | Z44.121 | Z45.321 | |
| Z44.019 | Z44.122 | Z45.328 | |
| Z44.021 | Z44.129 | Z45.41 | |
| Z44.022 | Z44.30 | Z45.42 | |
| Z44.029 | Z44.31 | Z45.49 | |
| Z44.101 | Z44.32 | Z45.811 | |
| Z44.102 | Z44.8 | Z45.812 | |

Kidney transplant

| ICD10CM | CPT | HCPCS | UBREV |
|---------|-------|-------|-------|
| Z94.0 | 50300 | 50365 | S2065 |
| | 50320 | 50370 | 367 |
| | 50340 | 50380 | |
| | 50360 | | |

Bone marrow transplant

| ICD10PCS | | | | | |
|----------|---------|---------|---------|---------|---------|
| 30230AZ | 30233X0 | 30240Y1 | 30250X0 | 30260G0 | 30263Y0 |
| 30230G0 | 30233X1 | 30243AZ | 30250X1 | 30260G1 | 30263Y1 |
| 30230G1 | 30233Y0 | 30243G0 | 30250Y0 | 30260X0 | |
| 30230X0 | 30233Y1 | 30243G1 | 30250Y1 | 30260X1 | |
| 30230X1 | 30240AZ | 30243X0 | 30253G0 | 30260Y0 | |

| | | | | |
|---------|---------|---------|---------|---------|
| 30230Y0 | 30240G0 | 30243X1 | 30253G1 | 30260Y1 |
| 30230Y1 | 30240G1 | 30243Y0 | 30253X0 | 30263G0 |
| 30233AZ | 30240X0 | 30243Y1 | 30253X1 | 30263G1 |
| 30233G0 | 30240X1 | 30250G0 | 30253Y0 | 30263X0 |
| 30233G1 | 30240Y0 | 30250G1 | 30253Y1 | 30263X1 |

Organ transplant other than kidney

| CPT | HCPCS | ICD10PCS | UBREV |
|-------|-------|----------|------------------------------|
| 32850 | 44720 | S2053 | 02YA0Z0 0BYH0Z1 0DYE0Z2 0362 |
| 32851 | 44721 | S2054 | 02YA0Z1 0BYH0Z2 0FY00Z0 0810 |
| 32852 | 47133 | S2055 | 02YA0Z0 0BYJ0Z0 0FY00Z1 0811 |
| 32853 | 47135 | S2060 | 02YA0Z1 0BYJ0Z1 0FY00Z2 0812 |
| 32854 | 47136 | S2061 | 02YA0Z2 0BYJ0Z2 0FYG0Z0 0813 |
| 32855 | 47140 | S2152 | 07YP0Z0 0BYK0Z0 0FYG0Z1 0819 |
| 32856 | 47141 | | 07YM0Z0 0BYK0Z1 0FYG0Z2 |
| 33930 | 47142 | | 07YM0Z1 0BYK0Z2 0WY20Z1 |
| 33933 | 47143 | | 07YM0Z2 0BYL0Z0 0XYJ0Z0 |
| 33935 | 47144 | | 07YP0Z0 0BYL0Z1 0XYJ0Z1 |
| 33940 | 47145 | | 07YP0Z1 0BYL0Z2 3E030U1 |
| 33944 | 47146 | | 07YP0Z2 0BYM0Z0 3E033U1 |
| 33945 | 47147 | | 0BYC0Z0 0BYM0Z1 3E0J3U1 |
| 44132 | 48160 | | 0BYC0Z1 0BYM0Z2 3E0J7U1 |
| 44133 | 48550 | | 0BYC0Z2 0DY50Z0 3E0J8U1 |
| 44135 | 48551 | | 0BYD0Z0 0DY50Z1 |
| 44136 | 48552 | | 0BYD0Z1 0DY50Z2 |
| 44137 | 48554 | | 0BYD0Z2 0DY60Z0 |
| 44715 | 48556 | | 0BYF0Z0 0DY60Z1 |
| | | | 0BYF0Z1 0DY60Z2 |
| | | | 0BYF0Z2 0DY50Z2 |
| | | | 0BYG0Z0 0DY80Z0 |
| | | | 0BYG0Z1 0DY80Z1 |
| | | | 0BYG0Z2 0DY80Z2 |
| | | | 0BYH0Z0 0DYE0Z0 |
| | | | 0DYE0Z1 |

Introduction of autogogous pancreatic cells value set

| |
|-----------|
| ICD10 PCS |
| 3E030U0 |
| 3E033U0 |
| 3E0J3U0 |
| 3E0J7U0 |
| 3E0J8U0 |

Potentially planned procedures

For a list of ICD10PCS codes, contact your Provider Performance Specialist.

Acute condition

For a list of ICD10PCS codes, contact your Provider Performance Specialist

Perinatal

| ICD10CM | | | | | | |
|---------|--------|-------|--------|--------|--------|--------|
| P00.0 | P05.10 | P13.0 | P28.11 | P52.22 | P71.8 | P92.09 |
| P00.1 | P05.11 | P13.1 | P28.19 | P52.3 | P71.9 | P92.1 |
| P00.2 | P05.12 | P13.2 | P28.2 | P52.4 | P72.0 | P92.2 |
| P00.3 | P05.13 | P13.3 | P28.3 | P52.5 | P72.1 | P92.3 |
| P00.4 | P05.14 | P13.4 | P28.4 | P52.6 | P72.2 | P92.4 |
| P00.5 | P05.15 | P13.8 | P28.5 | P52.8 | P72.8 | P92.5 |
| P00.6 | P05.16 | P13.9 | P28.81 | P52.9 | P72.9 | P92.6 |
| P00.7 | P05.17 | P14.0 | P28.89 | P53 | P74.0 | P92.8 |
| P00.81 | P05.18 | P14.1 | P28.9 | P54.0 | P74.1 | P92.9 |
| P00.89 | P05.2 | P14.2 | P29.0 | P54.1 | P74.2 | P93.0 |
| P00.9 | P05.9 | P14.3 | P29.11 | P54.2 | P74.3 | P93.8 |
| P01.0 | P07.00 | P14.8 | P29.12 | P54.3 | P74.4 | P94.0 |
| P01.1 | P07.01 | P14.9 | P29.2 | P54.4 | P74.5 | P94.1 |
| P01.2 | P07.02 | P15.0 | P29.3 | P54.5 | P74.6 | P94.2 |
| P01.3 | P07.03 | P15.1 | P29.4 | P54.6 | P74.8 | P94.8 |
| P01.4 | P07.10 | P15.2 | P29.81 | P54.8 | P74.9 | P94.9 |
| P01.5 | P07.14 | P15.3 | P29.89 | P54.9 | P76.0 | P95 |
| P01.6 | P07.15 | P15.4 | P29.9 | P55.0 | P76.1 | P96.0 |
| P01.7 | P07.16 | P15.5 | P35.0 | P55.1 | P76.2 | P96.1 |
| P01.8 | P07.17 | P15.6 | P35.1 | P55.8 | P76.8 | P96.2 |
| P01.9 | P07.18 | P15.8 | P35.2 | P55.9 | P76.9 | P96.3 |
| P02.0 | P07.20 | P15.9 | P35.3 | P56.0 | P77.1 | P96.5 |
| P02.1 | P07.21 | P19.0 | P35.8 | P56.90 | P77.2 | P96.81 |
| P02.20 | P07.22 | P19.1 | P35.9 | P56.99 | P77.3 | P96.82 |
| P02.29 | P07.23 | P19.2 | P36.0 | P57.0 | P77.9 | P96.83 |
| P02.3 | P07.24 | P19.9 | P36.10 | P57.8 | P78.0 | P96.89 |
| P02.4 | P07.25 | P22.0 | P36.19 | P57.9 | P78.1 | P96.9 |
| P02.5 | P07.26 | P22.1 | P36.2 | P58.0 | P78.2 | Z38.00 |
| P02.60 | P07.30 | P22.8 | P36.30 | P58.1 | P78.3 | Z38.01 |
| P02.69 | P07.31 | P22.9 | P36.39 | P58.2 | P78.81 | Z38.1 |
| P02.7 | P07.32 | P23.0 | P36.4 | P58.3 | P78.82 | Z38.2 |
| P02.8 | P07.33 | P23.1 | P36.5 | P58.41 | P78.83 | Z38.30 |
| P02.9 | P07.34 | P23.2 | P36.8 | P58.42 | P78.89 | Z38.31 |
| P03.0 | P07.35 | P23.3 | P36.9 | P58.5 | P78.9 | Z38.4 |
| P03.1 | P07.36 | P23.4 | P37.0 | P58.8 | P80.0 | Z38.5 |
| P03.2 | P07.37 | P23.5 | P37.1 | P58.9 | P80.8 | Z38.61 |
| P03.3 | P07.38 | P23.6 | P37.2 | P59.0 | P80.9 | Z38.62 |
| P03.4 | P07.39 | P23.8 | P37.3 | P59.1 | P81.0 | Z38.63 |
| P03.5 | P08.0 | P23.9 | P37.4 | P59.20 | P81.8 | Z38.64 |

| | | | | | | |
|---------|--------|--------|--------|--------|--------|--------|
| P03.6 | P08.1 | P24.00 | P37.5 | P59.29 | P81.9 | Z38.65 |
| P03.810 | P08.21 | P24.01 | P37.8 | P59.3 | P83.0 | Z38.66 |
| P03.811 | P08.22 | P24.10 | P37.9 | P59.8 | P83.1 | Z38.68 |
| P03.819 | P09 | P24.11 | P38.1 | P59.9 | P83.2 | Z38.69 |
| P03.82 | P10.0 | P24.20 | P38.9 | P60 | P83.30 | Z38.7 |
| P03.89 | P10.1 | P24.21 | P39.0 | P61.0 | P83.39 | Z38.8 |
| P03.9 | P10.2 | P24.30 | P39.1 | P61.1 | P83.4 | |
| P04.0 | P10.3 | P24.31 | P39.2 | P61.2 | P83.5 | |
| P04.1 | P10.4 | P24.80 | P39.3 | P61.3 | P83.6 | |
| P04.2 | P10.8 | P24.81 | P39.4 | P61.4 | P83.8 | |
| P04.3 | P10.9 | P24.9 | P39.8 | P61.5 | P83.9 | |
| P04.41 | P11.0 | P25.0 | P39.9 | P61.6 | P84 | |
| P04.49 | P11.1 | P25.1 | P50.0 | P61.8 | P90 | |
| P04.5 | P11.2 | P25.2 | P50.1 | P61.9 | P91.0 | |
| P04.6 | P11.3 | P25.3 | P50.2 | P70.0 | P91.1 | |
| P04.8 | P11.4 | P25.8 | P50.3 | P70.1 | P91.2 | |
| P04.9 | P11.5 | P26.0 | P50.4 | P70.2 | P91.3 | |
| P05.00 | P11.9 | P26.1 | P50.5 | P70.3 | P91.4 | |
| P05.01 | P12.0 | P26.8 | P50.8 | P70.4 | P91.5 | |
| P05.02 | P12.1 | P26.9 | P50.9 | P70.8 | P91.60 | |
| P05.03 | P12.2 | P27.0 | P51.0 | P70.9 | P91.61 | |
| P05.04 | P12.3 | P27.1 | P51.8 | P71.0 | P91.62 | |
| P05.05 | P12.4 | P27.8 | P51.9 | P71.1 | P91.63 | |
| P05.06 | P12.81 | P27.9 | P52.0 | P71.2 | P91.8 | |
| P05.07 | P12.89 | P28.0 | P52.1 | P71.3 | P91.9 | |
| P05.08 | P12.9 | P28.10 | P52.21 | P71.4 | P92.01 | |

ED visits: PCP Treatable care

wagner.nyu.edu/faculty/billings/nyued-background

Measure codes for depression screening

Dispensed antidepressant medication

Table AMM-C: Antidepressant medications

| Description | Prescription | | |
|----------------------------------|--|--|--|
| Miscellaneous antidepressants | • Bupropion | • Vilazodone | • Vortioxetine |
| Monoamine oxidase inhibitors | • Isocarboxazid • Phenelzine | • Selegiline • Tranylcypromine | |
| Phenylpiperazine antidepressants | • Nefazodone | • Trazodone | |
| Psychotherapeutic combinations | • Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine | | • Fluoxetine-olanzapine |
| SNRI antidepressants | • Desvenlafaxine • Duloxetine | • Levomilnacipran • Venlafaxine | |
| SSRI antidepressants | • Citalopram • Escitalopram | • Fluoxetine • Fluvoxamine | • Paroxetine • Sertraline |
| Tetracyclic antidepressants | • Maprotiline | • Mirtazapine | |
| Tricyclic antidepressants | • Amitriptyline • Amoxapine • Clomipramine | • Desipramine • Doxepin (>6 mg) • Imipramine | • Nortriptyline • Protriptyline • Trimipramine |

Depression encounter

| CPT | | | HCPCS | | UBREV | |
|-------|-------|-------|-------|-------|-------|------|
| 90791 | 99218 | 99384 | G0155 | H2012 | 0510 | 0911 |
| 90792 | 99219 | 99385 | G0176 | H2013 | 0513 | 0912 |
| 90832 | 99220 | 99386 | G0177 | H2014 | 0516 | 0913 |
| 90834 | 99241 | 99387 | G0409 | H2015 | 0517 | 0914 |
| 90837 | 99242 | 99391 | G0410 | H2016 | 0519 | 0915 |
| 98960 | 99243 | 99392 | G0411 | H2017 | 0520 | 0916 |
| 98961 | 99244 | 99393 | G0463 | H2018 | 0521 | 0917 |
| 98962 | 99245 | 99394 | H0002 | H2019 | 0522 | 0919 |
| 99078 | 99341 | 99395 | H0004 | H2020 | 0523 | 0982 |
| 99201 | 99342 | 99396 | H0031 | M0064 | 0526 | 0983 |
| 99202 | 99343 | 99397 | H0034 | S0201 | 0527 | |
| 99203 | 99344 | 99401 | H0035 | S9480 | 0528 | |
| 99204 | 99345 | 99402 | H0036 | S9484 | 0529 | |
| 99205 | 99347 | 99403 | H0037 | S9485 | 0900 | |
| 99211 | 99348 | 99404 | H0039 | T1015 | 0901 | |
| 99212 | 99349 | 99411 | H0040 | | 0902 | |
| 99213 | 99350 | 99412 | H2000 | | 0903 | |
| 99214 | 99381 | 99510 | H2001 | | 0904 | |
| 99215 | 99382 | | H2010 | | 0905 | |
| 99217 | 99383 | | H2011 | | 0907 | |

Depression reportable codes

| HCPCS |
|-------|
| G8431 |
| G8510 |
| G8511 |

Depression screening

| ICD10 | | | |
|--------|--------|-------|--------|
| 296.3 | 296.35 | F32.2 | F33.3 |
| 296.34 | 296.26 | F32.3 | F33.40 |
| 296.32 | 296.33 | F32.4 | F33.41 |
| 296.25 | 296.22 | F32.5 | F33.42 |
| 296.24 | 296.2 | F32.9 | F33.9 |
| 296.21 | 296.31 | F33.0 | F34.1 |
| 296.36 | 296.23 | F33.1 | 300.4 |
| | F32.0 | F33.2 | F32.1 |

FUH - A visit with a mental health practitioner and place of service

| CPT | | POS | | |
|-------|-------|-----|----|----|
| 90845 | 90868 | 11 | 15 | 17 |
| 90849 | 90869 | 12 | 20 | 18 |
| 90853 | 90791 | 22 | 3 | 19 |
| 90870 | 90792 | 24 | 5 | |
| 90847 | 90832 | 33 | 7 | |
| 90875 | 90833 | 52 | 13 | |
| 90876 | 90834 | 53 | 14 | |
| 90838 | 90836 | 71 | 49 | |
| 90840 | 90837 | 72 | 9 | |
| 90867 | 90839 | 50 | 16 | |

FUH - A visit with a mental health practitioner and the place of service must be a either a community mental health center or psychiatric facility hospitalization

| CPT | | POS | |
|-------|-------|-------|----|
| 99221 | 99233 | 99254 | 52 |
| 99223 | 99255 | 99252 | 53 |
| 99231 | 99239 | 99222 | |
| 99232 | 99251 | 99238 | |
| | | 99253 | |

A visit to a behavioral healthcare facility and does not require it to be with a mental health practitioner

| UBREV | |
|-------|-----|
| 513 | 917 |
| 901 | 902 |
| 903 | 914 |
| 904 | 919 |
| 912 | 900 |
| 913 | 911 |
| 915 | 907 |
| 916 | 905 |

A visit to a non-behavioral healthcare facility with a mental health practitioner.

| POC | | |
|-----|-----|-----|
| 510 | 529 | 528 |
| 515 | 983 | |
| 516 | 520 | |
| 519 | 982 | |
| 521 | 526 | |
| 522 | 517 | |
| 523 | 527 | |

Case management encounter

| HCPCS | CPT |
|-------|-------|
| G9001 | 98966 |
| G9002 | 98967 |
| G9007 | 98968 |
| G9008 | 99487 |
| | 99490 |

ECDS follow-up

For a list of codes, contact your Provider Performance Specialist.

PCP Incentive Program

Report #70 supplemental data reference guide

Purpose

Report #70 is a vehicle for providers to submit supplemental data for the PCP Incentive Program. Supplemental data is required measure-related information that is not received through claims, lab data interchange or registry data integration.

Distribution

Report #70 is updated monthly and represents year-to-date data received through the last day of the prior month. Reports can be generated for an individual practice, physician organization or physician hospital organization.

When distributed via FileMart, Report #70 is generated in a TAB delimited file. This should be converted by your practice into an Excel spreadsheet. We can accept the Excel file in either .xls or xlsx format.

Completion

The completed Report #70 file should be returned to your practice's Priority Health Provider Performance Specialist using a secure email format.

Your Provider Performance Specialist will send the file to our decision support team who will then prepare an error report. Errors occur when data is provided in a format which does not match the report parameters. Your practice will be notified of any errors so data entry can be corrected. Report parameters are below.

Data fields

The file you receive will contain the following data fields. The fields that may be updated are Data 1, Data 2 and Data 3.

| Header | Field description |
|-----------------------|---------------------|
| PFP_RPT_PERIOD_DESC | Report period |
| PAY_FOR_PERF_GRP_NAME | PFP group |
| FAC_SITE_NAME | Practice group |
| PRAC_NAME | Physician |
| MBR_ID | PH unique member ID |
| MBR_CONTR_EXT_ID | Contract number |
| MBR_LAST_NAME | Member last name |

| Header | Field description |
|---------------------|-----------------------|
| MBR_FIRST_NAME | Member first name |
| MBR_MIDDLE_NAME | Member middle initial |
| MBR_BIRTHDATE | Date of birth |
| SUPP_MEAS_CD | Measure code |
| SUPP_MEAS_VALUE_MSG | Measure description |
| MEASURE_DATE | Date of service |
| DATA1 | Service value |
| DATA2 | Service value |
| DATA3 | Service value |

Data requirements

- Each supplemental data entry must be accompanied by a measure date.
- The Data1 field must contain a value that matches the supplemental data language as listed in the table below. Any variation will cause an error that won't allow Priority Health to receive the data provided.
- The Data 2 field is designed for the two hypertension measures only.
- The Data 3 field is not used and should remain a blank field.
- Please do not modify, add or delete columns included in Report #70.

| Measure code | Corresponding PCP IP measure | Value domain | Data parameters | Data 1 format | Data 2 format | Data 3 format |
|-------------------------------------|--|---------------------------|--|---------------|---------------|---------------|
| CC SCREEN | Cervical cancer screenings | V = NORMAL, ABNORMAL, UNK | Date during 2016, 2017, or 2018 | See domain | | |
| SM_HP_V_SCREEN | Cervical cancer screenings | V = NORMAL, ABNORMAL, UNK | Date during 2014, 2015, 2016, 2017 or 2018 | See domain | | |
| HYST (Total hysterectomy) | Cervical cancer Screenings | V = Y, N | Any date prior to Dec. 31, 2018 | See domain | | |
| SM_WELL_CHILD (Well-child visits | Well-child visits (15 months; 3-6 years) | V = Y, N | Any date prior to Dec. 31, 2018 | See domain | | |

| Measure code | Corresponding PCP IP measure | Value domain | Data parameters | Data 1 format | Data 2 format | Data 3 format |
|-------------------------------------|------------------------------|-------------------------------|--|------------------|---------------|---------------|
| SM_CHLAMYDIA | Chlamydia screenings | V = NORMAL, ABNORMAL, UNK | Date during 2018 | See domain | | |
| LEAD (Lead Screen) | Lead screening in children | V = greater than 0 | Date prior to patient's 2 nd birthday | Integer | | |
| BMI_PCT (BMI percentile) | Recorded BMI | Percent between 0 and 100 | Date during 2018 | Integer, decimal | | |
| BMI | Recorded BMI | BMI must be between 12 and 99 | Date during 2018 | Integer | | |
| PHQ- 2 SCORE | Depression screening | Result between 0 and 6 | Date during 2018 | Integer | | |
| PHQ-4 SCORE | Depression screening | Result between 0 and 12 | Date during 2018 | Integer | | |
| PHQ-9 SCORE | Depression screening | Result between 0 and 27 | Date during 2018 | Integer | | |
| CR_COLO (Colonoscopy) | Colorectal cancer screenings | V = NORMAL, ABNORMAL | Date between 2009 and 2018 | See domain | | |
| CR_CANC (Colorectal cancer) | Colorectal cancer screenings | V = Y, N | Date prior to Dec. 31, 2018 | See domain | | |
| CR_FOB (Fecal occult blood test) | Colorectal cancer screenings | V = NORMAL, ABNORMAL | Date prior to Dec. 31, 2018 | See domain | | |
| CR_SIG (Flexible sigmoidoscopy) | Colorectal cancer screenings | V = NORMAL, ABNORMAL | Date between 2014 and 2018 | See domain | | |
| COLECT (Total colectomy) | Colorectal cancer screenings | V = Y, N | Date prior to Dec. 31, 2018 | See domain | | |

| Measure code | Corresponding PCP IP measure | Value domain | Data parameters | Data 1 format | Data 2 format | Data 3 format |
|---|---|--|---------------------------------|----------------------------|---------------------|---------------|
| SM_COLOGUARD (Cologuard) | Colorectal cancer screenings | V = Y, N | Date during 2016 - 2018 | | | |
| HBA1C | Diabetes care: Controlled HbA1c (3 measures) | Value between 1.3 and 18.9 | Date during 2018 | Integer, decimal preferred | | |
| SM_HBA1C_EXCL (HbA1c<7.0 Exclusions) | Diabetes care: Controlled HbA1c less than 7.0% | V = CHF, MI, CKD (stage 4)/ESRD, DEMENTIA, BLINDNESS, AMPUTATION, NO EXCLUSIONS, CABG, , IVD, PCI, TAA | Any date prior to Dec. 31, 2018 | See domain | | |
| RET_EXAM | Diabetes care: Annual retinal exam | V = NORMAL, ABNORMAL, UNK | Date during 2017 or 2018 | See domain | | |
| MICROALB (Microalbumin test) | Diabetes care: Monitoring for nephropathy | V = POSITIVE, NEGATIVE, UNK | Date during 2018 | See domain | | |
| NEPHR (Nephropathy status) | Diabetes care: Monitoring for nephropathy | V = Y, N | Date during 2018 | See domain | | |
| BP (Blood pressure) | Diabetes care: Controlled blood pressure Hypertension: Controlled blood pressure | Systolic between 40 and 300/ Diastolic between 40 and 200 | Date during 2018 | Integer (systolic) | Integer (diastolic) | |